



# Jackson County Animal Shelter

3370 Spring Arbor Rd · Jackson, Michigan 49203

Phone (517) 788-4464 · FAX (517) 780-4750



## Volunteer Rules

### Failure to follow rules can result in termination of volunteer status

- All volunteers must attend a volunteer orientation in order to participate.
  - \* Orientations take place the 2nd Saturday of each month from 10am-11am.
- Volunteers **MUST** be 18 years of age or a minor must be accompanied by an adult at ALL times.
- Volunteers are not allowed to enter rooms marked as employees only.
- Volunteers *must* sign in at the front desk before working. All work assignments will be given and approved by a kennel attendant.
- Do NOT take pictures of the animals.

General

- Prior to working, volunteers should check in with kennel attendant to ask which dogs can be handled.
- Prior to walking, volunteers should check in with kennel attendant to ask which dogs need to be walked.
- If you are having trouble getting a dog into or out of a run, ask for help and use caution to prevent escapes.
- All dogs to be walked with either an appropriate slip lead or training collar. Dogs are NEVER to be walked with a standard strap collar.
- Walk dogs in and out of the building quickly. This causes less stress for this dog and other dogs.
- Please pick up after the dog if they go to the bathroom. Plastic bags will be provided.
- Don't allow the dogs to pull and bite the leash or jump on you. If you need help addressing these behaviors please ask for help.
- Volunteers must use caution when having to walk dogs near other dogs; this is to prevent possible fights. Dogs are not allowed to socialize or play with each other in order to prevent injuries.
- After walks, brushing and basic obedience commands are encouraged.
- Volunteers must be sure the kennel doors are completely closed and latch when returning dogs to their kennel.
- When taking dogs out into the fenced in exercise yard, you **MUST** make sure the sign is up so no other dogs will be sent out in the yard during your play session.
- If you want to take a dog upstairs for quiet time, check with a kennel attendant first to make sure the room is available and make sure to put up the "in use" sign.

Dog Specific Rules

# Jackson County Animal Shelter

## Cat Specific Rules

- If you are bitten, please report it to any staff member immediately so proper measures can be taken.
- Prior to working, volunteers should check in with kennel attendant to ask which cats can be handled.  
**\*\*Kittens are NEVER to be handled!\*\***
- Volunteers must wash hands or hand sanitizer before AND after handling each cat. This is minimize the transfer of any infection and/or illness from one cat to another.
- Please check with kennel attendant before letting any cat roam the cat room .
- If allowing a cat to free roam the cat room, please make sure the lobby door is shut and a “loose cat” sign is posted.
- Do not allow more than one cat out at a time.
- When cleaning cat cages follow the proper cleaning protocol as written in the SOP handout or ask for direction from a kennel attendant.
- Volunteers must be sure the doors are completely closed and latch when returning cats to their cages.
- If you are bitten or scratched, please report it to any staff member immediately so proper measures can be taken.

## Other

If you see illness or any other concerning from any animal please make sure to let staff know asap.

If you are here to work on tasks other than animal interaction check with a kennel attendant as these tasks procedures change daily.

## Signature

**By signing, I am stating I understand what is expected of me as a volunteer. Further more, I understand that failure to follow said rules will result in termination of volunteer status.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for choosing JCAS as a place to spend your time!**



# Jackson County Animal Shelter

3370 Spring Arbor Rd · Jackson, Michigan 49203

Phone (517) 788-4464 · FAX (517) 780-4750



## Volunteer Application

Information

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DL# \_\_\_\_\_

Address: \_\_\_\_\_ City & Zipcode: \_\_\_\_\_

Phone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Why are you interested in volunteering at the Jackson County Animal Shelter?

---



---



---

What you can do

**Please check what you would like to volunteer for:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cleaning Kennels | <input type="checkbox"/> Dog Training           | <input type="checkbox"/> Treat Making    |
| <input type="checkbox"/> Feeding Animals  | <input type="checkbox"/> Quiet Time (with dogs) | <input type="checkbox"/> Fundraising     |
| <input type="checkbox"/> Grooming         | <input type="checkbox"/> Running errands        | <input type="checkbox"/> Adoption Events |
| <input type="checkbox"/> Cat Cuddling     | <input type="checkbox"/> Dishes                 | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Dog Walking      | <input type="checkbox"/> Toy making             |  |

**Availability: Please circle the days and times you are available to volunteer.**

**Weekday hours: AM are from 10:00am-1:00pm PM are from 2:00pm-4:30pm**

**Weekend hours: 10:00am-2:00pm**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	YES / NO	YES / NO

# Jackson County Animal Shelter

## Background

Have you ever been convicted of animal abuse or neglect? Yes / No

Have you ever been convicted of a crime? Yes / No

If yes, please explain \_\_\_\_\_

Have you ever been bitten and/or attacked by a cat or dog? Yes / No

If yes, please explain \_\_\_\_\_

If yes, did the bite require medical attention? Yes / No

Do you currently have any pets? Yes / No

If yes: How many? \_\_\_\_\_ How did you get your pets? \_\_\_\_\_

What type, breed and age? \_\_\_\_\_

## Other

Are you comfortable approaching a dog or cat you don't know? Yes / No

Do you understand that dogs and/or cats may be unpredictable and that JCAS cannot guarantee that a dog and/or cat may not become aggressive? Yes / No

Are you willing to assume the risks involved with working with animals who are sometimes frightened and who are in unfamiliar surroundings and the possibility that the dog and/or cat may bite and/or scratch you or a companion? Please initial: \_\_\_\_\_

Do you have any health or medical issues that would be affected by working at the shelter? Yes / No

If yes, please explain: \_\_\_\_\_

Do you have any special talents, skills or training in handling animals? \_\_\_\_\_

## Signature

I certify that my answers are true and complete to the best of my knowledge. By signing below I give permission to Jackson County Animal Shelter (JCAS) to do a background check per their discretion. I hereby release, indemnity, and hold harmless JCAS, its Director, employees, successor, legal representatives, sponsors and Board of Commissioners of all its activities, from any and all claims, cause of action, and liability arising from or in any way connected with my volunteer participation. I understand that I am expressly assuming all risk, including but not limited to injury and disease, associated with my volunteer participation. I further, grant JCAS permission to use, without cost, any photographs, video or audio taken of me during my volunteer services. I also agree to abide by all JCAS policies and procedures. I understand that I must complete a volunteer orientation before beginning my volunteer duties. I agree to maintain the confidentiality of protected information that I may be exposed to as a part of my volunteer experience particularly personal and identifying information. Violation of any of these policies may result in termination of my volunteer status. Volunteers must be 18 years of age or accompanied by a parent and/or adult.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date