

Ashland County Dog Shelter / ***Volunteer Application***

Date _____

Name _____

Address _____ City _____

Phone _____

Age (if under 21) _____

AVAILABILITY TO VOLUNTEER AND INTERESTS:

Days / hours dog walking is allowed: **Tuesday through Friday / Noon to 6:00 PM**
Weekends / 4:00 PM to 6:00 PM

How often would you volunteer? _____

What are you interested in volunteering for? (walk dogs, cleaning, help out at Adoption events?)

****There is an orientation process for all new volunteers to learn the Dog Shelter rules.***

Thank you for taking time out of your day to help at the
Ashland County Dog Shelter.

Volunteer Manager _____ Date _____

Kennel Manager _____ Date _____

Ashland County
Commissioner _____ Date _____

9-16-25

To all staff and volunteers.

A dog bite is considered any instance where a dogs teeth breaks the skin. The following steps must be followed.

***Separate and secure the dog and place in the ISO pod if able to do so!**

***Assist the individual who has been injured, if medical treatment is required, Kennel manager or assistant manager or staff member should transport to proper care facility.**

***Report the incident ASAP. Even if you feel an incident is minor it is vital for the operation of the shelter to report behavioral incidents to shelter staff. Kennel manager and Assistant manager should be notified ASAP, they will report to Dog Warden and county commissioners.**

Medical attention is always first priority

Next step is to document date, time, and location of incident and dog involved in incident.

Name and contact info of injured person.

List of witnesses to the incident

A written statement of the incident by injured individual and anyone who witnessed the incident.

As soon as possible photos of the injury is required.

Failure to report incidents involving dog bites is a violation of The dog shelter procedures and can result in disciplinary action.

Shannon Hamilton-Kennel Manager

Initials:_____

Ashland County Dog Shelter Volunteer Release Waiver

I, _____, for myself, my heirs, successors, executors, administrators and assigns forever, do hereby WAIVE, RELEASE, RELINQUISH AND DISCHARGE any and all rights, claims, and causes of action, for any personal injuries or property damage, of whatever nature or kind, whether known or unknown, that I have or which may have accrue to me, as the result of participating as an Ashland County Dog Shelter Volunteer against Ashland County, Ohio and the Ashland County Dog Warden, hereinafter "County", and any and all other participating individuals or organizations, officers, agents, servants and employees of the County or any third party and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I may sustain while participating as an Ashland County Dog Shelter Volunteer.

I understand and agree that there are risks involved with being an Ashland County Dog Shelter Volunteer, including bodily injury, death, and property damage. I freely, knowingly, and voluntarily assume all risks of bodily injury, death, or property damage, due to my participation as an Ashland County Dog Shelter Volunteer, and notwithstanding such risks, I agree to participate as a volunteer.

I have read and fully understand the above risk warnings of being an Ashland County Dog Shelter Volunteer. I understand that the County does not provide insurance or protection against injuries sustained while volunteering, and I fully accept the risk of injury.

Participant

Date

Parent or Guardian signature for person under 18 years of age:

Parent/Guardian

Date