Savannah Chatham Metropolitan Animal Control

Volunteer Contract

I, _____, accept a position as a volunteer with Savannah Chatham Metropolitan Animal Control (SCMAC).

I will work with the staff, volunteer coordinator, and other volunteers to achieve SCMAC's goals of providing medical care of animals without known owners; promoting humane ideals toward all living creatures; and assisting other animals care organization in accomplishing their goals. I realize I am an important resource as a volunteer and will work to maintain a mutually beneficial relationship with SCMAC. I understand and agree that my services are provided to SCMAC solely in a volunteer capacity and are provided without any expectation of any salary, payment, or other compensation. I understand that SCMAC reserves the right to terminate the services of a volunteer for any reason.

I will familiarize myself with SCMAC policies and procedures. If policies are not clear to me, I will ask an SCMAC staff member for clarification. When I have suggestions for policy changes I will direct them through appropriate channels and will not implement my suggestions until approved.

I understand that SCMAC demands high standards of moral and ethical treatment of all animals within its care, and I will strictly adhere to these standards. SCMAC also demands high standards of professionalism, courtesy, and diplomacy when dealing with co-workers, staff and patrons and I will strictly adhere to these standards as well.

If I willfully cause damage to SCMAC property, I agree to promptly reimburse SCMAC for all costs incurred by SCMPD as a result of such damage. I further understand that a claim can, and will, be filed with my insurance carrier for such damage.

I understand I may have frequent contact with the public while performing my duties, and I am a personal representative in both words and actions. I agree to allow SCMAC to use any photographs taken of me for use in public relations efforts, on behalf of heirs, my personal representatives, executors, and myself. SCMAC will use reasonable efforts to notify me prior to publication, but such notification is not a condition of the photographs being released for public relations purpose.

I understand that my presence on SCMAC premises, and/or my activities involving the public, or with animals at SCMAC, may be hazardous and may involve certain risks of injury, loss, or damage. Those hazards and risks include but are not limited to:

- Bites or scratches from dogs and cats
- Being knocked down or pulled excessively by a dog
- Injuries relating to wrist/hand/fingers/other body parts from a dog leash
- Being knocked down or attacked by an escaping animal
- Slips/trips/falls resulting from wet floors/kennels or equipment
- Hitting heads on objects such as cage doors/kennel wall/hose boxes, etc.
- Water or cleaners sprayed in eyes
- Injuries resulting from kennel doors, equipment, etc.
- Flea/tick bites or ring worm infestation
- Internal or external parasites
- Zoonotic illnesses (human illnesses contracted from animals)

- Animal illness being transmitted to any pets at home
- Injuries related to lifting animals, food, litter, or equipment
- Exposure to cleaners, latex gloves, bleach, or parasite control products
- Exposure to, or incidents relating to, the public or other volunteers such as outburst, violence, or inappropriate contact
- Slip, trip, or fall hazards
- Traffic-pedestrian accidents while walking dogs
- Damage to or loss of my personal property, including car damage/theft
- Damage to clothing from animals, cages, chemicals, etc.

With respect to my presence on SCMAC premises, and/or my activities involving the public or with animals at SCMAC, on behalf of myself and my heirs, personal representatives, and executors:

1. I hereby expressly assume all risks of injury, loss, or damage to me or my personal property whether or not caused by the act, omission, negligence, or other fault of SCMAC, its officers, agents, servants, employees, and other volunteers.
2. I further hereby waive, and exempt, release, and discharge SCMAC, its officers, agents, servants, employees, and other volunteers from any and all liability, claims, demands, and actions for such injury, loss, or damage, whether or not caused by the act, omission, negligence, or other fault of SCMAC, its officers, agents, servants, employees, and other volunteers, or by any other cause.
3. I further agree to defend, indemnify and hold harmless SCMAC, its officers, agents, servants, employees, and other volunteers from and against all liability, claims, and demands, including any third party claim asserted against SCMAC, its officers, agents, servants, employees, and other volunteers on account of injury, loss, or damage, whether or not caused by my act, omission, negligence, or other fault , or by the act, omission, negligence, or other fault of SCMAC, its officers, agents, servants, employees, and other volunteers, or by any other cause.
4. I hereby acknowledge and agree that the representations and agreements in paragraphs 1-3 above extend to all acts, omissions, negligence, or other fault of SCMAC, its officers, agents, servants, employees, and other volunteers, and is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia. If any portion thereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I agree that jurisdiction and venue for any suit or cause of action under this contract shall lie in the courts of Chatham County, Georgia.

I acknowledge that I have read, understand, and will comply with the terms and conditions of the contract.

Volunteer Signature:_____ Date:_____

SCMAC Representative:_____ Date:_____

Parent/Legal Guardian Consent Of Minor (Under 18 years of age): As a parent/legal guardian of the above named volunteer, I hereby give my consent as described within this contract. I have read this contract and fully understand the terms and conditions presented. On behalf of my child/ward, and myself, I agree to all terms and conditions.

Parent/Legal Guardian Signature:_____ Date: _____