

# TOWN OF THOMPSON

## Animal Control

Shelter: 185 Pasay Road  
Mail: 815 Riverside Drive, P.O. Box 899  
North Grosvenordale, CT 06255  
Phone: 860-377-5438  
E-mail: [aco@thompsonct.org](mailto:aco@thompsonct.org)  
[www.thompsonct.org](http://www.thompsonct.org)

### VOLUNTEER APPLICATION

Please note that you must be 18 years of age or older to volunteer with the animals at Thompson Animal Control Department unless approved by the Animal Control Officer during each individual occurrence.

(Please print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_

Email address: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Best method: Call \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### SKILLS and INTEREST

1. Current employment: \_\_\_\_\_

Full Time? \_\_\_\_\_ or Part Time? \_\_\_\_\_ General Hours You Work \_\_\_\_\_

2. Please list any previous volunteer experience, or any special skills, abilities, or hobbies that would be helpful at the shelter. \_\_\_\_\_  
\_\_\_\_\_

3. What are looking to do in your volunteer experience? (ie. dog care, cat care, gardening, maintenance, dog walking, etc.) \_\_\_\_\_  
\_\_\_\_\_

4. Have you had any formal training in animal care or animal welfare? Yes \_\_\_ No\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

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5. Please describe any animal care or handling experience you have had.

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6. Are there any types of animals / breeds you are uncomfortable around? If so, which species / breeds? \_\_\_\_\_

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7. Are there any specific task you are unable to perform due to physical limitations or personal preference? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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8. Do you have any allergies to animals? If yes, what species: \_\_\_\_\_

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9. Will there be anyone under the age of 18 with you? Yes \_\_\_\_\_ No \_\_\_\_\_

What are their names and ages? \_\_\_\_\_

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10. Please list a personal reference (someone not related to you):

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Liability Waiver

Please Initial:

\_\_\_\_\_ Health and Safety: I confirm that I am physically and mentally capable of performing the tasks required as a volunteer at the Shelter. I will take appropriate precautions to ensure my safety and the safety of the animals. I will follow all safety guidelines and instructions provided by the Shelter's staff.

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\_\_\_\_\_ Any children with me during volunteer time will ALWAYS be under direct supervision of myself, will not be in contact with the animals unless approved by the Animal Control Officer at the time of each individual occurrence.

\_\_\_\_\_ Volunteer Responsibilities: I agree to perform my volunteer duties to the best of my abilities and to follow the instructions and guidelines provided by the Shelter's staff. I understand that my volunteer work is vital to the operation of the Shelter, and I will make a sincere effort to be reliable and punctual.

\_\_\_\_\_ I declare that I have never been found guilty or pled guilty to abuse of or cruelty toward any animal or person.

\_\_\_\_\_ I am volunteering solely in my personal capacity and on my free time and not as an employee of Town of Thompson or the Animal Control Department (Shelter). It is my intention to devote my time and services to the Animal Shelter without expectation of compensation in any form.

\_\_\_\_\_ I understand that the Shelter will not provide me with any health or accident insurance. In the event of an accident occurring at the Shelter in which I suffer an injury the Town of Thompson will not be liable for the cost of any medical care.

\_\_\_\_\_ I fully understand and agree that if I use my personal vehicle while conducting volunteer business, my personal automobile insurance is my responsibility and primary to any other insurance that may exist. I fully understand and agree that if I use any of my personal property while conducting volunteer county business, the Town of Thompson will not provide insurance coverage or be financially responsible should damage or loss occur.

\_\_\_\_\_ I agree to comply with the rules, regulations, and policies of the Shelter while I am a volunteer.

\_\_\_\_\_ Confidentiality: I understand that, during my volunteer work at the Shelter, I may have access to sensitive and confidential information. I agree to maintain the confidentiality of all such information and not to disclose it to any third parties.

\_\_\_\_\_ I hereby release, and agree to indemnify and hold harmless the Town of Thompson, its respective agents, representatives, officers, employees, successors, assigns and insurers, hereinafter referred to collectively as "the Released Parties", from any and all liability, claims, demands or actions or causes of action whatsoever, arising out of damage, loss or injury to my person or property, whether anticipated or unanticipated, while volunteering as contemplated by this agreement, whether such damage, loss, or injury results from the negligence of the Released Parties, their respective agents, officers, employees, successors, assigns and insurers or from some other cause. This release and agreement shall be binding upon me, my heirs, successors, assigns, administrators and executors.

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\_\_\_\_\_ I hereby consent to be included in promotional material developed and produced by the Town of Thompson. I understand that my participation is voluntary and I can withdrawal my consent at any time. Promotional material both for marketing and educational purposes, may include photographs and/or digital images, live and still action, and may be used in but not limited to, social media, videos, print media, pamphlets, brochures, newsletters, etc. I hereby waive, release, and forever discharge the Town of Thompson, their officers, representatives, employees, agents, licensees, successors and assigns, from any and all claim, demands or causes of action arising from the use of my photograph and/or digital image for the above purposes.

\_\_\_\_\_ I recognize that in handling animals at the Shelter in the performance of my volunteer services there is a risk that I might be injured. I accept this risk and take responsibility for myself. In particular, I assume the risks of being bitten, scratched, injured, or frightened by any shelter animals in connection with my volunteer work at the Shelter.

\_\_\_\_\_ I also understand that animals that are not suitable for adoption because of behavior or health issues may be euthanized at the Shelter. I understand that I may witness events or behavior by persons or animals that is disturbing or upsetting.

\_\_\_\_\_ I understand that the Shelter may suspend or terminate my service as a volunteer for any reason at any time.

\_\_\_\_\_ I understand that the Town of Thompson strongly encourages all volunteers to make sure that their own animals have all of their vaccinations up-to-date. As an added measure, we suggest that you always change clothes before socializing with your animals at home.

\_\_\_\_\_ Release and Waiver of Liability: In consideration of being permitted to volunteer at the Shelter, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, discharge, and hold harmless the Shelter, its officers, directors, employees, and agents, from any and all claims, liabilities, demands, actions, or causes of action of any kind, whether in law or in equity, arising out of or related to my volunteer work at the Shelter, including interactions with children.

\_\_\_\_\_ I have accurately and truthfully completed this form. By my signature on this form, I authorize the Town of Thompson to investigate the accuracy of the information I have provided and to contact references.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Animal Control Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_