

Citizen Project Volunteer Agreement

____ I have received a copy of the HAWS' Citizens Project Volunteer Handbook.

____ I understand that it is my responsibility to abide by all HAWS' policies set forth in this Volunteer Handbook. I further understand that the procedures, working conditions, and policies described in the Volunteer Handbook are subject to change at any time by HAWS.

____ I understand that HAWS' reserves the right to terminate my volunteer privileges at any time due to non-compliance with policies outlined in the Volunteer Handbook.

____ I understand that HAWS performs background checks on prospective volunteers. A conviction does not constitute an absolute bar to volunteering. Underlying circumstances at the time of the offense may be taken into account, and a conviction may be considered only as it may relate to the volunteer position you are seeking.

____ I understand that as a volunteer of HAWS I have access to information of a confidential nature. I understand that all oral and written communication is privileged and confidential including but not limited to committee reports, financial reports, policy statements, procedural instructions and the like, and that I may not discuss the confidential proceedings outside the scope of these guidelines. I also understand that any violation of this policy may be the basis for the immediate termination of my position at HAWS.

____ My signature indicates that I understand that in handling animals for HAWS in a volunteer capacity there exists a risk of injury or sickness, including personal injury or harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless HAWS, its agents, officers and directors from any and all claims, causes of actions or demands, of any nature or cause connected with my Volunteer Agreement. This might include connection with my volunteer services based on damages that may be incurred or sustained by me in any way. Such damages might include, but are not limited to animal bites, accidents, injuries and personal property damage. If I have any reason to suspect I am pregnant, HAWS recommends I ask my physician about working with cats.

____ I understand that the use of alcoholic beverages or controlled dangerous substances will not be allowed on or off the premises while serving in a volunteer capacity for HAWS.

____ I understand that public relations are an important part of volunteering with HAWS. I agree, therefore, on behalf of myself, my heirs, personal representatives and executors to allow HAWS to use any photograph or video recording taken of me for use in public relations efforts. Any photographic or video images that I produce, in a voluntary capacity, will become the sole property of HAWS and as such, they may use them in any way they see fit.

____ I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THE FORGOING VOLUNTEER AGREEMENT AND RELEASE AND THAT I WILL COMPLY WITH THE SAME.

Participant Signature

Date

Parent or Guardian Signature

Date