



Marion County Animal Shelter

Site Location: 123 Cat and Dog Road,
Mullins, SC 29574
 Mail Address: PO Box 183
Marion, SC 29571
 Telephone: 843-423-8370 • Fax 843-423-8306
 Email: MarionCountyAnimalShelter@marionsc.org
 Web: www.marionsc.org/AnimalShelter

How Do I Volunteer? The Marion County Animal Shelter (“MARION COUNTY ANIMAL SHELTER”) values its Volunteers tremendously. Without our Volunteers, the Shelter would not function.

Steps to Becoming a Volunteer.

1. Complete and return the Volunteer Application. The Application may be mailed or dropped off during regular adoption hours. If mailed, please send to the **Marion County Animal Shelter, Volunteer Coordinator, P.O. Box 183, Marion, SC 29571.**
2. Attend the next Volunteer Orientation Session. Dates and times are listed on our website at www.marionsc.org. Contact the Volunteer Coordinator at _____ to confirm the date or send an inquiry by e-mail to MarionCountyAnimalShelter@marionsc.org.
3. Attend additional training classes as required for specific activities.

Please understand that completion of this application does not assure placement. Marion County Animal Shelter fills the positions and time slots that are needed. Accuracy and completeness of this form are important in determining the acceptability for a volunteer position with Marion County Animal Shelter. You may be requested to submit additional references and participate in additional interviews, all of which are considered part of the qualification process. All pre-placement inquiries are made for the purpose of establishing your qualifications for placement with Marion County Animal Shelter.

Thank you for contacting us. We look forward to working with you to make the world a more humane place for all animals.

Today’s Date: _____

Volunteer Profile

Name:	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	E-mail address:
City, State, Zip:	Home telephone:
Daytime telephone:	Work phone number:
How did you hear of the Marion County Animal Shelter Volunteer Program?	
If you are here through a volunteer program, please indicate the following:	
Agency: _____	Address: _____
Name of Contact Person: _____	Telephone: _____

Why do you want to volunteer with the Marion County Animal Shelter?



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Skills and Experience

Have you had any formal education/training in pet care or animal welfare?
Where: _____ When: _____ Type of education/training: _____

Have you done any other volunteer work?
Where: _____ When: _____ Type of work performed: _____

Areas of interest:

Please check all that apply.

Canine care
 Feline care
 Marketing
 Fundraising
 Clerical
 Foster care
 Feral cat care
 Medical care
 Other (Please specify) _____

Do you know any MARION COUNTY ANIMAL SHELTER volunteers? Name(s): _____
Relationship: _____

Have you ever been a volunteer at MARION COUNTY ANIMAL SHELTER before? Yes No *If yes, when?*

If yes, what was your reason for leaving? _____

Have you adopted an animal from MARION COUNTY ANIMAL SHELTER? Yes No *If yes, who did you adopt and when?* _____

Are you a member of any other animal welfare organization? Yes No *If yes, how do you participate?*

Availability:

Please circle the days/times you are available for volunteer work (not required for Foster care, Marketing, Feral Cat care or Fundraising):

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Miscellaneous:

Do you have any allergies or conditions that might affect your volunteer work? Yes No *If so, please describe.*

Do you have a valid driver's license? Yes No

Please list two personal or business references:

Name:	Relationship:
Daytime telephone:	Evening telephone:
Name:	Relationship:
Daytime Telephone:	Evening Telephone:

Please list a contact in case of an emergency:

Name:	Relationship:
Daytime telephone:	Evening telephone:



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MARION COUNTY ANIMAL SHELTER Volunteer Agreement

If accepted as a MARION COUNTY ANIMAL SHELTER volunteer, you will be required to abide by the terms of our Volunteer Agreement. The agreement below details what MARION COUNTY ANIMAL SHELTER will expect of you and what you can expect from MARION COUNTY ANIMAL SHELTER.

If accepted as a MARION COUNTY ANIMAL SHELTER volunteer, my signature below indicates that I have read, understand, and agree to the following:

- I will treat all animals and other volunteers with respect and I will work as a team member with all volunteers.
- I will abide by all MARION COUNTY ANIMAL SHELTER policies and procedures and follow the directions/instructions of the MARION COUNTY ANIMAL SHELTER Staff and Manager.
- I agree to be supervised by the appropriate County Staff and will report any problems that arise directly to the appropriate Staff, Manager and the Volunteer Coordinator.
- I understand the possible risk of bringing home illnesses from the Shelter to personal pets or vice versa and must have current vaccinations for animals at home.
- I understand the potential safety risks of working with animals and that I may not bring friends or relatives with me while working at the shelter facility.
- I am current on my tetanus vaccination and covered by a health insurance plan.
- I agree to work a minimum of three months unless I am removed or terminated from the program. I understand that MARION COUNTY ANIMAL SHELTER relies on me to be present for all of my scheduled shifts. If I am unable to fulfill my regularly scheduled shift, I understand that it is my responsibility to arrange for a substitute for such shift. In addition, I will also provide advance notice to the appropriate Staff and/or Manager and the Volunteer Coordinator of any such shift changes.
- I authorize MARION COUNTY ANIMAL SHELTER to seek emergency medical treatment for me in case of accident, injury, or illness.
- I agree to indemnify and hold harmless MARION COUNTY ANIMAL SHELTER, its County Council, officers, agents, and employees from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by MARION COUNTY ANIMAL SHELTER, its Board of Directors, officers, agents, and employees.
- If I fail to abide by the terms of this Agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by MARION COUNTY ANIMAL SHELTER from time to time, I understand that I will be terminated from the program. I also understand that I may at any time be removed from my position as a volunteer at the sole discretion of the Manager, the Volunteer Coordinator or County Administrator.

Print Name: _____

Signature: _____ Date: _____