



Sonoma County Animal Services
1247 Century Ct, Santa Rosa, CA 95403
scasvolunteers@sonoma-county.org | 707-565-7100

Volunteer Contract

I, _____, understand the terms of at-will volunteering at the Sonoma County Animal Shelter (SCAS). Specifically, I understand that at-will volunteering means volunteers may terminate their volunteering with SCAS for any or no reason, with or without notice. Likewise, SCAS can terminate volunteers at any time, with or without notice, and for any or no reason.

I have been given a copy of the Volunteer Manual (manual), which includes instructions, procedures, guidelines, code of conduct and policies. I understand and agree that it is my responsibility to read and familiarize myself with the contents of the manual. I understand that all such policies, rules and regulations, and the terms of the manual can be changed at any time by SCAS, except that my at-will relationship with the Animal Shelter may not be changed. Any alleged conversation, policy, practice, and /or alleged oral promise or statement will not change the at-will nature of my volunteering.

I understand that this agreement contains the entire, integrated agreement between the SCAS and myself with respect to all volunteering being on an at-will basis. There are no oral or collateral agreements of any kind.

I have read the entire Volunteer Manual and certify that I understand and will adhere to its contents.

Volunteer/Parent/Guardian Signature
(if volunteer is under 18 years old)

Date

Volunteer Parent/Guardian Name (printed)

List all family members under 18 years old that are volunteering:



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Parental Consent

This form is required for any volunteer who is under the age of 18, to work in at Sonoma County Animal Services.

I, _____, give my permission for my child(ren) (listed below), to participate in volunteer work, community involvement or work experience at Sonoma County Animal Services.

Child: _____

Child: _____

Child: _____

Child: _____

(Parents signature and date)

I hereby grant Sonoma County Department of Health Services all rights and consent to copyright, use, or re-use, publish, or re-publish, copy, exhibit or distribute all photographs, videotapes, motion picture films and or audio tapes involving the use of my voice or image, for internal use, educational use, advertising or promotion without restriction as to frequency or duration of usage and without compensation to me.

Scope of Consent. The Participants may use my name and such photographs, recordings and/or images for any and all purposes including art, advertising, promotional, educational, and web, and in all media, including electronic, digital, broadcast, and print media, without further compensation to me.

This agreement may only be modified in writing signed by the parties.

I hereby certify that I am the parent or legal guardian of the above listed child(ren) and have full right and authority to grant the consent and rights in this agreement. I have read the above consent and agreement, prior to its execution, and I am fully familiar with the contents thereof. On behalf of my child(ren) listed above, I hereby grant my permission and consent to all the foregoing.

(Parent signature and date) Phone Number(s): _____

Full Physical Address: _____

Email: _____