

Volunteer Waiver

Under our policy, our volunteers are classified as unpaid employees and are therefore eligible for coverage if injured while volunteering for PAWS Columbus, Inc.

I understand that I will not be compensated monetarily for the work I do with PAWS Columbus, Inc. as a volunteer.

I will report any accident or injury to my supervisor immediately so an accident/injury report can be filled out. If I have any questions concerning coverage, I will contact the Director of Volunteer Services.

By signing this document, I attest to having read, understood, and agreed to the above.

Volunteer Signature _____ Date _____

PAWS Columbus, Inc. feels it is important to have a tetanus vaccination before joining the volunteer team. To emphasize that importance, we ask you to read and sign the following waiver.

I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician.

I release PAWS Columbus, Inc. from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decisions I make is at my own risk.

I have read, understood, and agreed to the above.

Volunteer Signature _____ Date _____

I understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals, I agree to assume those risks and to release, indemnify and hold harmless PAWS Columbus, Inc., and its Officers, directors, employees or contractors for any and all personal injury and property damages resulting from my volunteer work.

I have read, understood, and agreed to the above.

Volunteer Signature _____ Date _____