



Office of the Sheriff
Sheriff Adam D. Shanks
LINCOLN COUNTY ANIMAL SHELTER
220 SW Dahl Ave.
PO Box 1390
Waldport, Or. 97394
(541)265-0720
Fax (541) 574-0448

Lincoln County Animal Shelter Volunteer/Foster Application

Date: _____ Volunteer Foster Both

Full name (including middle name): _____

Previous names ever used: (Maiden, Previous Marriage, Alias etc.) _____

Physical address (including city): _____

Mailing address (if different): _____

Cell phone #: _____ Home #: _____

Work #: _____ Email: _____

Emergency Contact: _____ Phone #: _____

Date of Birth: _____ (to comply with county policies, must be at least 16 years old)

Driver License: _____ State: _____ Exp: _____

Please list other cities and/or states where you have resided since the age of 18: _____

Have you ever been cited, arrested or convicted of a crime? Yes No

If yes, please explain: _____

Previous volunteer/foster experience: _____

I am interested in working in the following areas:

- Walking dogs in the community
- Socializing cats
- Fostering
- Kennel/cattery/cat room cleaning
- Outreach/fundraising events
- Other: _____

How did you hear about volunteering or fostering with Lincoln County Animal Shelter:

- Visited shelter
- Referred by friend/other Volunteer
- Website
- Radio
- Newspaper
- Community Meeting
- Other _____

Agreements for volunteering:

I agree to be responsible for all personal medical expenses that may arise from my service as a volunteer/foster. **Initial:** _____

If staff members are unable to reach my emergency contact for a medical authorization, I give consent for Sheriff's Office members to authorize medical treatment on my behalf. **Initial:** _____

I agree that as a condition of volunteering or fostering, the Lincoln County Sheriff's Office conducts a Criminal History check and a Driver's License check. Home checks are required for foster homes. Additional checks may be deemed necessary by the Lincoln County Sheriff's Office. **Initial:** _____

I will be performing services for the Lincoln County Animal Shelter or Lincoln County Animal Services on a volunteer basis. I understand that Lincoln County does not provide workers' compensation coverage for volunteers/foster parents. I understand the risks inherent in this volunteer/foster work and assume those risks. As a condition of volunteering/fostering, I hereby, for myself, my heirs, my executors and administrators, remise, release and discharge Lincoln County, its officers and employees from all claims, demands, actions, or causes of action, on account of any injury to me or damage to property which may occur during the care of any animal, and while involved in any activity as a volunteer or foster parent for Lincoln County Sheriff's Office. **Initial:** _____

I agree that the Lincoln County Animal Shelter may use my name, photographs, and/or video on the radio, the internet including on the county's website and Facebook, in emails, in newsletters, and for internal training videos. (optional) **Initial:** _____

By my signature below, I acknowledge that I have read, understand, and agree to all the terms listed previously. All information provided above is true to the best of my knowledge. I agree to attend an orientation and read and follow any volunteer/foster material or instructions made available to me whether verbally or in writing including Lincoln County Personnel's Volunteer instructions.

Applicant: _____ **Date:** _____

Staff Use Only	
Date Sent _____	
Support Services Office:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Staff: _____	Date _____