

RURAL AREA VETERINARY SERVICES VOLUNTEER WAIVER AND RELEASE OF LIABILITY

This is a legal document – please read carefully and be sure you understand it before signing.

I, _____, have voluntarily applied to assist The Humane Society of the United States and/or its affiliates (hereinafter referred to as The HSUS) with the work referenced in the volunteer information pages of the RAVS website (ruralareavet.org).

By applying for and performing this volunteer work, I agree as follows and have initialed each item to indicate that agreement:

____ I am aware that this is a contract between me and The HSUS and that it waives legal rights that I may have now or in the future and releases The HSUS and others from claims for damages.

____ I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH FULL KNOWLEDGE OF THE TASKS INVOLVED. I AGREE TO ACCEPT ANY AND ALL RISKS ASSOCIATED WITH MY PARTICIPATION, INCLUDING BUT NOT LIMITED TO INJURY AND ILLNESS.

____ I understand there are risks and dangers associated with working with wild, feral and domesticated animals, including but not limited to, bites, scratches, zoonotic diseases (diseases transmitted from animals to humans), and allergic reactions. I also understand there may be risks involved with exposure to certain chemical cleaning products while performing my volunteer duties. I fully understand and accept those risks and dangers.

____ I understand that I may be working with animals with unknown vaccination history and that prophylactic rabies vaccination is recommended. I have been vaccinated for rabies and have had my titer checked within the last two years (____) or I have consulted with my personal physician/medical professionals and understand and accept any risks of not being vaccinated (____).

____ I fully assume all the risks involved with my volunteer activities, and acknowledge that they are acceptable to me. I agree to use my best judgment in undertaking these activities. I also agree to follow the rules and safety instructions as given by HSUS employees and volunteers authorized to act in a supervisory capacity.

____ I agree that I will not sue, prosecute, or in any way make a claim against The HSUS for injury to me or damage to my property resulting from the negligence or other acts, howsoever caused, by any employee, agent, volunteer or contractor of The HSUS or other people as a result of my volunteer duties.

____ I fully and forever release and discharge The HSUS from any and all actions, causes of action, claims, liabilities, or demands I have or may have in the future, whether known or unknown, for injury, illness, death or damage arising out of or related in any way to my volunteer duties.

____ I agree that The HSUS may use my name, and pictures, photographs, or video and/or sound recordings of me on television, on radio, on the Internet, in emails, and in stories, news articles, advertisements, or other written or digital materials. I agree that such uses may include education, advocacy, and fundraising. I consent to and authorize, in advance, such use and agree that The HSUS does not have to notify me of such use or provide me with other consideration for such use. I waive any rights of privacy and/or publicity I may have in connection with these uses.

____ I agree that the rights I am giving up and agreements I am making apply equally to me and to my heirs, successors, assigns, guardians and legal representatives. I agree that none of those individuals may make any claim or take any action that I could not make or take myself.

____ I agree that this Waiver and Release of Liability protects and is for the benefit of The Humane Society of the United States, and also for its affiliates, and their respective employees, officers, directors, consultants, interns, volunteers, licensees, and all others acting on their behalf. I also agree that I may not make any claim or take any action against any of those affiliates or individuals that I could not make or take against The HSUS itself.

____ I intend to fully and voluntarily waive any rights I have as described in this Waiver and Release of Liability. To the extent that legal consideration is required for this Waiver and Release of Liability to be effective, I agree that I have received good, valuable and sufficient consideration by being permitted by The HSUS to provide volunteer service and to receive training and instruction.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS AND ACCEPT AND SIGN IT OF MY OWN FREE WILL. If I am under 18 years of age at the time of registration, my parent or legal guardian has completely reviewed this Waiver and Release of Liability, understands and consents to its terms, and authorizes my participation.

Printed Name of Volunteer	Signature of Volunteer	Date
Printed Name of HSUS Representative	Signature of HSUS Representative	Date
Printed Name of <input type="checkbox"/> Parent or <input type="checkbox"/> Guardian (if under 18)	Signature of Parent/Guardian	Date

**RURAL AREA VETERINARY SERVICES
VOLUNTEER AGREEMENT**



_____ (volunteer's full name).
This agreement confirms that you have been accepted to participate in the Rural Area Veterinary Services field clinic at _____ (location) from _____ to _____ (dates). Your trip leader for this clinic will be _____ (trip lead). Additional supervising staff will be identified onsite.

A. Organization

The Fund for Animals Rural Area Veterinary Services Program (RAVS) accepts your services as a volunteer, and in our commitment to you, agrees to do the following:

- We will explain our mission and policies and provide orientation and training for your field clinic assignment. We will provide clinical instruction and supervision in the veterinary field clinic setting. We will also provide written training materials and instructions on RAVS procedures and protocols.
- We will treat you as a valued RAVS team member.
- We will provide feedback on your performance and provide opportunities for you to give us feedback so that we might better accomplish our respective tasks.

B. Volunteer

Please initial next to each point to indicate your understanding::

_____ I will conduct myself in a responsible and professional manner whenever providing RAVS volunteer services, especially when interacting with the public. If I receive a question I cannot answer, I will refer the person to a staff member or an authorized volunteer.

_____ I will read all training materials and written instructions provided to me via the RAVS website, email or print materials I receive related to my volunteer work, and I will follow all other instructions given to me by staff or my on-site supervisor.

_____ I will be responsive to communication from staff and my on-site supervisor, and will be open about any questions or concerns I have regarding my volunteer work.

_____ I will read and abide by the Social Media Guidelines for HSUS Employees and Volunteers (<http://bit.ly/VolunteerSocialMediaGuidelines>). I will not make unauthorized statements or social media postings, or participate in unauthorized media interviews.

_____ I understand that patient care and welfare is the highest priority in all RAVS clinic activities and assignments and that this priority will take precedence over student training or volunteer preferences. I will be prepared to accept any assignments as directed by my on-site supervisor regardless of higher personal qualification or past experience. I will act only within the scope of my experience and assignment.

_____ I will follow the safety procedures outlined in the volunteer training materials and presented to me during training. This includes, but is not limited to, only performing tasks within trained capabilities; being familiar with the proper use and operation of equipment on which I have been trained; and reporting any safety hazards, incident or injury, including animal bites or scratches, to staff immediately.

_____ I will read and abide by the Participation in Electoral Politics Guidance for Volunteers and Interns (<http://bit.ly/PoliticalGuidanceforVolunteersandInterns>).

_____ If I am injured while acting as an unpaid member of the volunteer team I am not provided insurance of any type and The Humane Society of the United States (HSUS) does not provide me with workers' compensation of any kind. I authorize RAVS staff to seek emergency medical treatment for me in the case of an accident, injury or illness.

_____ I understand that I may become privy to confidential or proprietary information of the HSUS. I understand that confidential or proprietary information includes, but is not limited to, documents marked as "confidential," donor information, budget and financial information, policies, procedures, business plans, marketing activities and all related matters, as well as any information about the internal procedures, business operations, and personnel information that is not publicly disclosed by The HSUS. I will not disclose any confidential or proprietary information regarding The Fund for Animals /HSUS to any person, company, group or organization. I will not use any confidential or propriety information in any manner that would be detrimental to The HSUS, and I will avoid any actions that might impair the reputation of the HSUS.

_____ While I understand that either The Fund for Animals or I may end my service as a volunteer at any time for any reason, I agree that failure to comply with this agreement may result in the immediate termination of my volunteer service.

_____	_____	_____
Printed Name of Volunteer	Signature of Volunteer	Date
_____	_____	_____
Printed Name of HSUS Representative	Signature of HSUS Representative	Date