



Burlington Animal Services
&
Burlington Recreation & Parks
Hikes with Hounds Program



Volunteer Name:

Address:

City, State, Zip:

Primary Phone Number:

Alternant Phone Number:

Email Address:

Age (participants must be over 18):

Date of Birth:

Emergency Contact Name:

Emergency Contact Phone Number:

How did you hear about this program?

Waiver & Release:

I understand and acknowledge that the handling of animals and other volunteer activities on behalf of the City of Burlington and Burlington Animal Services may place me in a hazardous situation and could result in injury to me or my personal property.

I release the City of Burlington and all of its employees and agents from liability of any nature, whether or not the basis of such liability is presently known to either party. It is understood by the parties to this agreement that I will not bring suit or any claims against the City of Burlington, its employees, agents, or volunteers.

This agreement shall be binding on all parties, their heirs, and assigns.

I hereby authorize the City of Burlington to use any photographs of me in its possession for public relations purposes. Notification is not a condition to release photographs for public relations purposes.

In consideration of this opportunity to volunteer, I agree to be legally bound by the following terms and conditions:

As a volunteer with the City of Burlington, acting in an official capacity, I shall not take any action that would result in personal financial benefit or the benefit of my immediate family members. I will not ask for or receive for myself or for a member of my household, directly or indirectly, any monies or gifts from others in the community. Any potential conflict of interest I may have shall be disclosed.

All media inquiries are to be referred to the City of Burlington Public Information Officer. These include inquires pertaining to public complaints/incidents, as well as routine matters such as requests for interviews, response to press release information, or special events. If the Public Information Officer is not available, I shall refer the media to a City staff member.

I agree to complete volunteer training and comply with all program rules. I understand that failure to do so may result in my immediate termination as a volunteer.

Date:

Signature: