

## GROUP VOLUNTEER REQUEST FORM

(For Service projects, corporate partners, and more)

Updated 10/25/2023

Date of request (today's date): \_\_\_\_\_

*We recommend submitting this form 4-6 weeks in advance of your visit.*

The Roanoke Valley SPCA is very fortunate to have many committed volunteers, without whom we would not be able to work towards our mission to create a community where there are no homeless cats and dogs. We look forward to your help!

Due to unknown vaccine history of many shelter animals, all volunteers must be 16 years old or older to work at the Roanoke Valley SPCA without adult supervision.

Please note that the Roanoke Valley SPCA is a **Fear Free handling Certified shelter**. Fear Free handling is focused on lowering pets' fear, anxiety, stress, and frustration while they live in our facility. To maintain this certification, all staff and volunteers need to follow Fear Free protocols. Our regular volunteers complete Fear Free Training before they can work with the animals without staff supervision. As a one-time service volunteer, Group volunteers will not be allowed to interact with the animals one-on-one.

If you are looking for an Educational Visit, please contact our Community Engagement Coordinator at [edams@rvspca.org](mailto:edams@rvspca.org). Educational group opportunities include a Tour, presentation on the RVSPCA mission and programs, and animal meet-n-greet. There is a recommended \$5 per participant for Educational sessions.

### GROUP INFORMATION

Group name: \_\_\_\_\_

Affiliated organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number of people in group: \_\_\_\_\_ Age range: \_\_\_\_\_

Contact Person full name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Preferred volunteer date/time: \_\_\_\_\_

Alternative volunteer date/time: \_\_\_\_\_

Tell us a little about your group and why you chose the RVSPCA!

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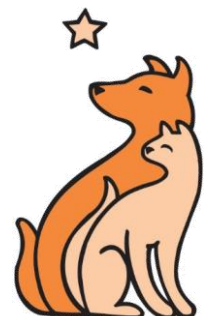


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The Roanoke Valley SPCA is a community resource that provides pet adoption, retention, and education services in Virginia's Blue Ridge.



**Please share the following information with your group, and sign to verify everyone understands the following information:**

#### ANIMAL CRUELTY DISCLOSURE

The state of Virginia requires that volunteers have never been (i) charged with or convicted of animal cruelty, neglect, or abandonment or (ii) the subject of a civil proceeding to terminate their ownership rights of a cat, dog, or other companion animal.

\_\_\_\_\_  
Signature of Group Organizer

\_\_\_\_\_  
Date

#### ZOONOTIC DISEASE DISCLOSURE

Zoonotic diseases are those that can be passed from other species to humans. Examples are ringworm, tapeworm, roundworms and rabies. We impress upon all volunteers that safe handling techniques and hygiene are important elements of protecting ourselves from these diseases. Washing hands after handling any animal is critical. Please understand that many of the animals arriving at the shelter have had no previous veterinary care and may expose you to disease. While the occurrence of disease transmission is rare, please understand that the Roanoke Valley SPCA cannot assume financial, medical, or veterinary responsibility for any transmissions that may occur to yourself, your family or companion animals. Anyone who is pregnant or may become pregnant or has a compromised immune system should consult their physician before volunteering with the Roanoke Valley SPCA.

\_\_\_\_\_  
Signature of Group Organizer

\_\_\_\_\_  
Date

#### MISSION AND VALUES

In signing this application, we state that we understand and agree to the following: We will do our best to represent this organization as volunteers. We will take ideas, constructive comments, suggestions, and criticisms directly to the Community Engagement Coordinator or assigned team lead. If communication concerns develop between employees and our group, we will report them to the Community Engagement Coordinator. We authorize the RVSPCA to seek emergency medical treatment in case of accident, injury, or illness, and to hold harmless any agency in the event of an accident, injury, or illness. We understand that if we are injured while acting as an unpaid member of the volunteer staff, we are not covered by the Virginia State Workers Compensation Law.

\_\_\_\_\_  
Signature of Group Organizer

#### PHOTOGRAPHY WAIVER

I grant permission to use any photograph or video taken of me while volunteering for promotional use, knowing it will be done in good taste.

\_\_\_\_\_  
Signature of Group Organizer

\_\_\_\_\_  
Date

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