

# Volunteer Release Form

## Media Release

As a Consumer / Volunteer of Domesti-PUPS, I agree to be photographed and or videotaped for promotional purposes to increase awareness about Domesti-PUPS programs and the benefits they provide to individuals with special needs. I am aware that photographs taken can be used for promoting the organization regardless of my status with the organization. I also agree that if I take photos of Domesti-PUPS clients that I may not post them to my personal social media sites as any release conducted with that client does not include permission for me to personally use the photo.. (Initial One)  Yes  No

## Privacy Agreement

As a Consumer / Volunteer of Domesti-PUPS, I understand that I have an opportunity to associate with the public, other consumers and volunteers, and staff. I also understand that due to the nature of the organization's mission, Domesti-PUPS deals with issues that are related to consumer medical needs. I agree to uphold the privacy and confidentiality of consumer information and agree that violation of Confidentiality or Privacy of Consumer information will be grounds for termination from program involvement.  Yes  No

## Conduct Agreement

As a Consumer / Volunteer of Domesti-PUPS, I am aware that my involvement with the program affects public perception of the organization as a whole. I have read and agree to the organization's Code of Ethics.  Yes  No

## Prison-PUPS

As a Consumer / Volunteer of Domesti-PUPS, I understand that communication of personal information regarding myself, clients, or other volunteers should not be shared with inmate handlers. Goodwill stories, thank you letters, etc. for the inmates are to be submitted to Domesti-PUPS, and will be reviewed by the department of corrections administrative staff as per their policy. Direct contact with inmate handlers and/or their families outside of approved events will be grounds for termination from program involvement.  Yes  No

## Transportation Agreement

As a Consumer / Volunteer of Domesti-PUPS, I understand that if I am providing transportation to benefit program activities, I must maintain limited liability insurance on my vehicle for the purpose of protecting myself and my property in the event of an accident.  Yes  No

## Pet Therapy / ID Band Waiver

As a Pet Therapy volunteer, Domesti-PUPS provides an ID Band (sometimes referred to as a cape) for my dog upon certification. This ID Band is provided for my dog to wear as long as I maintain my certification according to Domesti-PUPS requirements. Should for any reason my involvement with the organization cease, I will return the ID Band/Cape upon request.  Yes  No

## Animal Involvement Liability Release

As a Consumer / Volunteer of Domesti-PUPS, I understand that although Domesti-PUPS takes every precaution to protect consumers and volunteers from harm, any work that involves animals, carries with it some inherent risks. In consideration of the opportunity to participate or be served by Domesti-PUPS classes, activities, or events, I hereby release Domesti-PUPS, its Officers, Directors, Instructors, or Members, for any injuries, deaths, or property damage, suffered as a result of participation in such classes, activities, or events within the scope of the risks herewith voluntarily and knowingly assumed. This agreement includes, but is not limited to, our voluntary waiver of any and all claims, suits or causes of action based on the risks of participating in activities involving the training and placement of service dogs, therapy dogs and educational dogs.  Yes  No

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Volunteer or Consumer Signature

\_\_\_\_\_  
Date