

VOLUNTEER EMERGENCY CONTACT FORM

Name (print) _____ D.O.B. ____/____/____ Start Date ____/____/____

Address _____

Home Phone _____ Work Phone _____ Cell phone _____

Blood type _____ Medications _____

Allergies _____

Health Insurance Provider _____

Physician _____ Physician Phone Number _____

In case of an emergency contact:

Initial Contact: Name _____ Relationship _____

Work phone _____ Home phone _____ Cell _____

Alternate Contact: Name _____ Relationship _____

Work phone _____ Home phone _____ Cell _____

I recognize and acknowledge that working directly with animals entails inherent risks of injury to myself and or damage to my property. I also acknowledge that I have personal health insurance that will cover the cost of any injury sustained while conducting volunteer work. I understand that I am providing my health insurance information because worker's compensation does not cover any injuries sustained as a volunteer worker. I also understand that Baltimore City Animal Control and/or Baltimore Animal Rescue and Care Shelter (BARCS) are not liable for any personal injury or damage to my property that may occur from animal interactions or otherwise. I understand it is my responsibility to report all injuries or damage to the Director of Animal Welfare Programs. I do hereby waive any and all claims, which I might otherwise have against the above organizations. If I am unresponsive, I give staff members the permission to call appropriate authorities as well as the people I have listed as my contacts.

I also understand that in order to work directly with the animals, I must have an updated tetanus shot. Tetanus shots are offered to me at no cost through Animal Control. Rabies vaccines are also offered at cost. (See Rabies/Tetanus forms.)

Signature _____ Date _____