

Required For Trumbull County Dog Panel Applicants:

Key Elements needed:

- **Statement of Interest:** A written statement or cover letter explaining why you want to serve on the panel and how your skills can contribute to its goals.
- **Adult Volunteer & Community Service Application:** Your name, contact details, and current address, etc....
- **Resume - Qualifications and experience:** Details about your professional background, education, and any relevant experience that aligns with the panel's mission.
- **Letters of Reference/ References:** Letters of recommendation from professional or personal contacts
- **Conflict of Interest (COI) disclosure:** A form to identify any potential conflicts between your personal or professional interests and the panel's work.

Conflict of Interest Disclosure Form - Public Advisory Panel

Purpose:

Members of public advisory panels serve the community/ commissioners and must act in the public's best interest. This form helps identify and disclose any personal, financial, or organizational interests that could influence, or appear to influence, a member's participation.

Member Information:

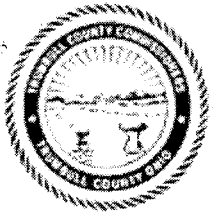
- Name: _____
- Advisory Panel: _____
- Date: _____

Disclosure Questions:

Please check Yes or No for each item and explain any "Yes" answers below.

1. Do you, your family, or your business have a financial interest in any matter that may come before this panel?
☐ Yes ☐ No
2. Do you serve as an officer, director, employee, or consultant of any organization that may be affected by the panel's work?
☐ Yes ☐ No
3. Have you received gifts, payments, or other benefits from individuals or organizations that may be impacted by the panel's recommendations?
☐ Yes ☐ No
4. Are there any other personal or professional relationships that could create, or appear to create, a conflict of interest with your panel service?
☐ Yes ☐ No

If you answered "Yes" to any of the above, please explain:



Trumbull County Dog Warden

7501 Anderson Avenue
Warren, Ohio 44484
330-675-2787 • Fax 330-675-2788
dggoss@co.trumbull.oh.us

Michelle Goss, Chief Executive Dog Warden

Today's Date _____

Adult Volunteer & Community Service Application (18 years of age or older)

Thank you for your interest in volunteering at the Trumbull County Dog Kennel. Please fill out this form completely.

Name (Please print clearly) _____ E-mail Address _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Employer _____ Work Phone _____ Ext. _____

Emergency Contact _____ Phone Number _____ Relationship _____

I am 16 years of age or older ___ Yes ___ No Have you ever been convicted of a crime? ___ Yes ___ No

Volunteer Interests

- ☐ Dog Care – requires a commitment of at least 2 hours per week
- ☐ Front Desk – greet visitors, assist visitors
- ☐ Cleaning – help with general cleaning of kennels and front office
- ☐ Special Events – help out at adoption and fundraising events
- ☐ Committee Member- requires additional paperwork

Availability (check all that apply) ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
Note best time to come in _____

Reference: Name _____ Phone # _____

Please list any special skills or interests that you would like to share as a volunteer: _____

Please list any medical conditions that we need to be aware of while you are volunteering: _____

Trumbull County Dog Kennel Tetanus Waiver

TETANUS is a bacterial disease that affects the nervous system. It is contracted through a cut or a wound that becomes contaminated with tetanus bacteria. A Td booster is recommended every 10 years. If you experience any break in the skin (cut, scratch, bite, etc...) you must immediately report the incident to your health care provider. We strongly recommend that you be vaccinated against Tetanus and to consult your physician concerning the risks of tetanus:

I understand the risk of Tetanus associated with Trumbull County Dog Kennel's volunteer program : _____ (initials)



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RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ ("Participant"), acknowledge that I have voluntarily applied to participate in the Volunteer Assistance Program, at 7501 Anderson Avenue, Warren, OH 44484 the Trumbull County Dog Pound (Pound) or off premise:

(Description of activities, which Participant will engage in)

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____

Parent or Guardian's initials (if under 18): _____

As consideration for being permitted by Trumbull County, Ohio and The Trumbull County Dog Pound, (collectively the "County") to participate in the Volunteer Program and these activities, I forever release the County, and any affiliated agency, and their respective directors, officers, employees, volunteers, agents, contractors, and representative (collectively "Releasees") from any and all actions, claims or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by Releasees, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND IT CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND TRUMBULL COUNTY, OHIO AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed at Dog Pound, Warren, Ohio on _____, 20__.

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

Signature

Signature

Address:

Address:

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED

EXHIBIT A

Trumbull County Dog Warden

Policy for Community Service and Volunteers

- Must be over 18 years old. Minors must be accompanied by parents' or legal guardian.
- **Dress for outdoor work** in all weather conditions. The dogs don't care if it is raining, cold, hot; they are always dressed for the occasion.
- **Sign in** upon arrival and departure; folders are under counter in office. There are two folders: Community service and Volunteer.
- Must be physically fit, this is a physically demanding place to work. Dogs are very strong and unpredictable, especially in this environment. This is a new place for many of them.
- Always be sure to ask staff and check chart before choosing which dog needs to be walked. Initial which dog you walked.
- **Always close and lock the cages.**
- **Be sure all doors to kennel are closed** before moving a dog.
- There is a refrigerator and microwave available for your lunch. No lunch room
- There are surveillance cameras for the entire kennel, inside and out
- Do not handle money or the cash register
- Do not use the computers.
- We are not responsible for your personal items. Keep valuables and prescription medication in your car or on your person. Do not bring your cell phone into the kennel.
- This is a public facility, inappropriate language, alcohol, drugs & firearms are forbidden.
- Please be aware we do euthanize dogs here on the premise.
- There is a **0 tolerance for mistreating a dog or other people.**
- If you witness a dog on dog attack, a person being bit, or if you are bitten; you MUST report this to the staff. It doesn't mean the dog will be euthanized. We must be aware of behaviors you notice. We need to match the dog with the next home it will have.

Kennel Work: this is what is included in this job

- Clean cages inside & out & pens outside include floors, caging, bedding & walls. You will be trained on the cleaners and disinfectants we use.
- Move dogs, use catch pole or choke and leash
- Do not change dogs from one pen to another; it will result in cross contamination of disease, parasites, bacteria...
- Clean floor of kennel
- Stack food and supplies as needed
- Clean bowls
- Do laundry of bedding and cleaning rags

Walking Dogs: this is what is included in this job

- Consult Dog chart and a staff member before choosing a dog to walk.
- Place appropriate size choke chain on dog and attach leash before removing the dog from the cage or the kennel area. Be sure all doors to the kennel are closed.
- Place choke chain around the neck behind the jaw, assure it is secure.
- Please know, not all the dogs are leash trained and many are anxious to get outside to relieve themselves. They will pull so be sure you have good footing and a strong hold of them. Don't walk a dog you don't think you can handle.

Walking Dogs: continued...

- Take a plastic bag with you. Pick up feces in a plastic bag and put in dumpster at the back of the kennel property.
- Return the dog to the cage it was in unless advised otherwise
- Adult dogs are walked on Anderson Rd, the lane in front of the Kennel.
- Walk Against traffic with sufficient space between yourself and another walker. Only 3 walkers on the street at a time please.
- Dog waste must be picked up daily. Either take a bag or follow up later.
- Puppies are walked to the far right of the entrance of the kennel
- Do not allow dogs to interact with one another
- Don't allow them to jump up on you – we need to teach them manners.
- Don't allow the dogs to drink any water outside of their cages; IE: puddles, creek...
- Keep control of dog at all times, don't tie them to anything. Never leave them unattended.

Ride Along: going in the truck off site.

- You cannot drive or move the truck or any county vehicles, on or off County property.
- Must wear seatbelt while in truck
- Help Dog Warden as needed in capturing, moving and/or restraining dogs
- No interaction with the public or officers at the scene, unless instructed by the Warden
- Can answer the county cell phone as needed
- Assist in picking up kennel supplies or food
- Assist with setting up and removing traps
- No Smoking in vehicles.

I HAVE CAREFULLY READ THIS EXHIBIT AND FULLY UNDERSTAND THAT MY DUTIES MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE LISTED ABOVE. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND TRUMBULL COUNTY, OHIO AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them. I also verify that I am a parent or guardian authorized to sign this form.

Executed at Dog Pound, Warren, Ohio on _____, 20__.

PARTICIPANT/RELEASOR

AUTHORIZED PARENT OR GUARDIAN/ Witness

Signature

Signature

Address:

Address:

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED

Do not hesitate to ask the staff if you have a question.