



*Kindness and Care for Animals™*

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## VOLUNTEER CONTRACT

### **THIS IS A TWO SIDED FORM - PLEASE READ AND COMPLETE BOTH SIDES.**

- **Welcome to the MSPCA/ANGELL.** The concern and love for animals that led to your generous offer to share your time and talents is greatly appreciated.
- The MSPCA/ANGELL will honor your volunteer commitment by providing you with the appropriate orientation and training, on-the-job supervision and support in your work in order to provide you with a rewarding experience while the Society benefits from your donation.
- While working as a volunteer for the MSPCA/ANGELL, you will be expected to perform your duties as assigned and directed by your supervisor. You are also expected to be supportive of the Society's policies and procedures.
- If an accident or injury occurs while you are fulfilling your volunteer responsibilities you should notify your supervisor immediately. You hereby authorize the MSPCA/ANGELL to seek emergency medical treatment on your behalf.
- Volunteers are eligible as of the first day of active volunteer work for limited medical coverage. This coverage applies only to an accidental injury which occurs while participating in, attending or preparing for volunteer activities sponsored and supervised by the Society. Applicable medical expenses are covered to a maximum of five thousand dollars (\$5,000.00) per accident; applicable dental expenses are covered to a maximum of two hundred and fifty dollars (\$250.00) per accident. The volunteer is responsible for the first one hundred dollars (\$100.00) of covered medical expenses deductible for the year. The Volunteer Accident Policy is underwritten by Zurich Insurance Company. Claim forms, accident reports, and plan details are available in the Human Resources Department at 350 South Huntington Avenue, Jamaica Plain. Volunteers are not eligible for the regular Workers' Compensation benefits accorded employees under Massachusetts General Laws Chapter 152.
- Please note that as a volunteer, you are not an employee of the MSPCA/ANGELL and as such, you do not qualify for benefits under any MSPCA/ANGELL group plans such as: Group Medical, Life, Accident or Disability Insurance.
- As part of your volunteer commitment, we ask that you volunteer for a minimum of once per month to the MSPCA/ANGELL. If you are unable to fulfill your volunteer responsibilities, please notify us as soon as possible.
- The MSPCA reserves the right to change or terminate this contract at any time without notice.
- **Confidentiality.** I recognize that my consulting, shadowing, or volunteer work with the MSPCA-Angell is one of trust and confidence and that by reason of my access to, and contact with confidential information upon which the MSPCA-Angell's business and financial success depend, including without limitation any patents, copyrights, computer programs, know-how, data bases, research, licenses, products, techniques, discoveries, economic and financial analyses, developments, marketing and development plans, employment information, business information, customer and client lists, financial information, price and cost information, names of vendors and suppliers, third-party information entrusted to the MSPCA-Angell, sales information and other proprietary information of the MSPCA-Angell that is used in conducting the MSPCA-Angell's business and that is a valuable, special and unique asset of the MSPCA-Angell's business (collectively "Proprietary Information"). I agree that, both during the term of my work, and thereafter, I shall hold all such Proprietary Information in the strictest confidence and shall not disclose such Proprietary Information to any person, firm or corporation in any way (except as necessary in carrying out my work for the MSPCA-Angell, consistent with the MSPCA-Angell's policies), and to use my best efforts and to exercise utmost diligence to protect and prevent the unauthorized disclosure to others of any portion of the Proprietary Information.

I, \_\_\_\_\_, hereby release the MSPCA, its agents, employees, Directors and Officers from all losses, damages and claims of any kind arising out of my own negligence or misconduct, including my pet's acts if involved in the Pet Visitation program.

I, \_\_\_\_\_, have read and understand this contract, and do hereby agree to its terms. I am devoting my time to the MSPCA on a purely voluntary basis and primarily for my own benefit. I am serving with no contemplation of compensation for my services. I will be volunteering at the MSPCA as a \_\_\_\_\_ volunteer.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

**For our records, please complete the following:**

**General Information:**

- Name: \_\_\_\_\_
- Volunteer location : \_\_\_\_\_
- What is your birth date?      Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Emergency Information:**

In the event of an emergency, please contact:

- Name: \_\_\_\_\_
- Address : \_\_\_\_\_
- Day Phone : \_\_\_\_\_
- Evening Phone: \_\_\_\_\_
- Relationship : \_\_\_\_\_
- Physician : \_\_\_\_\_ Phone: \_\_\_\_\_
- Insurance Carrier: \_\_\_\_\_
- Known Allergies: \_\_\_\_\_

**Vehicle Information:**

If you are driving your, or a family member's, vehicle to commute to and from the MSPCA and/or to the site of your volunteer work:

- Do you have a valid driver's license?       Yes       No
- Date of expiration -    Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_
- State of issue - \_\_\_\_\_
- Is your vehicle insured?       Yes       No
- Name of insurance carrier: \_\_\_\_\_
- Effective date of insurance: \_\_\_\_\_