



KPETS
2120 Oregon Pike, 2nd Floor
Lancaster, PA 17601
1.888.685.7387
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www.kpets.org

This 2017/2018 Volunteer Agreement (“Agreement”) is made this ____ day of _____,
20____ between _____ (“Volunteer”) with an address of _____
_____ and KPETS -
Keystone Pet Enhanced Therapy Services (“KPETS”), a non-profit corporation with a business
address of 2120 Oregon Pike, 2nd Floor, Lancaster, PA 17601.

BACKGROUND

KPETS is a non-profit organization established to promote Animal Assisted Therapeutic Intervention. The healing and rehabilitating benefits of the human/animal bond are provided by registered KPETS volunteers to the community in health-related facilities, social agencies, special-needs programs, schools, libraries, hospices, and other areas. Potential volunteers attend the KPETS training program with their personal pets. Following the successful completion of said program, the Pet and Volunteer shall qualify as a “Registered KPETS Therapy Team”.

AGREEMENT

WHEREAS, Volunteer and their pet(s), _____ have successfully completed the KPETS training program and have met all of the requirements for KPETS’ registration.

WHEREAS, Volunteer now desires to become a KPETS registered team with Volunteer’s Registered Pet.

WHEREAS, KPETS desires to have Volunteer and Volunteer’s Registered Pet become a KPETS registered team.

THEREFORE, with the preceding paragraphs incorporated by reference, and intending to be legally bound, Volunteer hereby agrees to serve as a volunteer for KPETS subject to the following terms and conditions:

1. I will perform my volunteer duties with honesty, respect, self-discipline and professionalism. I will always maintain high standards of humane and ethical treatment to the staff, volunteers, members, donors, customers and animals associated with KPETS.
2. I will donate my services to KPETS without expectation of compensation or future employment.
3. Donations given to me will be forwarded to the KPETS office to support the organization.
4. I will adhere to scheduling/visitation procedures set forth by KPETS, as amended from time to time, and agree to notify KPETS when I am unable to make visitations as scheduled. I will notify the Executive Director of KPETS if I choose to discontinue my volunteer services.
5. I will adhere to the team safety zone (all dogs must be kept apart from one another by a distance of no less than 2 feet when representing KPETS. Mini-horses must be no less than 6 feet apart).
6. I agree to have my pet on an appropriate lead at all times when representing KPETS, unless prior approval has been obtained in writing from KPETS.
7. I have current medical insurance coverage and agree to be responsible for any medical care that I must seek as a result of my volunteer service with KPETS. I further agree to be responsible for any medical care that I must seek for my Registered Pet as a result of my volunteer services with KPETS.

Signature: _____ (Please sign both sides of document)

8. I agree that I shall be solely responsible for the actions of my Registered Pet while representing and volunteering with KPETS.
9. I agree to report any and all incidents which occur during my volunteer services immediately to an officer or staff person at KPETS.
10. I am medically, physically and psychologically fit to work safely with animals and the public without supervision.
11. I acknowledge that during my volunteer services I may become privy to private or confidential information regarding, but not limited to, KPETS, its employees, members, donors, animals and customers/clients. I hereby agree to hold all such information in the strictest confidence and shall not disclose or discuss such private or confidential information with any third party and to follow HIPAA guidelines.
12. I acknowledge receiving, reading, and understanding the KPETS Therapy Team Handbook and agree to adhere to the philosophy, policies, and procedures set forth in the handbook, as amended from time to time.
13. I understand that the behavior of animals is sometimes unpredictable and that some animals are capable of inflicting disease, serious personal injury, death, or extensive property damage. I understand that my volunteer activities on behalf of KPETS could result in injury to me, my personal property, or my Registered Pet. I agree to indemnify, defend and hold KPETS, and its agents, officers, directors, and employees free and harmless from all liability arising out of any and all claims, demands, losses, damages, actions and judgments of every kind and description that may occur to or be suffered by me or my Registered Pet by reason of activities arising out of this Agreement.
14. I further agree to indemnify, defend and hold KPETS, its agents, officers, directors and employees harmless from and against any and all claims, demands, liabilities, causes of action, damages, costs (including reasonable attorneys' fees and disbursements) and judgments made or incurred by or found against any of them, resulting from or arising out of: (i) any breach or default by me of any term or provision of this Agreement; (ii) any negligent or willful act or omission by me with respect to my services pursuant to this Agreement; or (iii) any act by my Registered Pet.
15. I understand that KPETS, without notice or hearing, may terminate my volunteer position at any time, for any reason, with or without cause; provided, however, my confidentiality and indemnification obligations found in Items 8, 10, 11, 12 and 13 of this Agreement shall survive such termination.

******* IMPORTANT FOR INSURANCE COVERAGE***** Facility and Hours Tracking**

THE INSURANCE IS ONLY APPLICABLE WHEN ACTING ON BEHALF OF KPETS and our insurance company looks for this information if a claim is filed.

16. I will notify KPETS office of any and all facilities, agencies, organizations or individuals I volunteer for as a KPETS team. I will provide the following required information: Facility name, contact person(s), address, phone and email.
17. I will notify KPETS of any and all activities, visits and events I participate in as a KPETS team.
18. I understand KPETS insurance will not be applicable if KPETS does not have the information stated in Item 16 and 17.
19. I will report the date(s) I visit, the approximate number of individuals served, hours volunteered for KPETS and distance traveled on-line via the current tracking application or by mail to the KPETS office on a minimum of a monthly basis.
20. I will wear my KPETS ID badge while volunteering on behalf of KPETS
21. My KPETS pet will wear KPETS identifying attire (either KPETS scarf or KPETS vest) while volunteering on behalf of KPETS.

Volunteer: *(please sign both sides of document)*

Signature:

Print Name: