



**University of Missouri Extension**

11724 NW Plaza Circle

Kansas City, MO 64153

PHONE (816)587-1865 or (816)270-2141

FAX (816)243-1388

E-MAIL [hunts@missouri.edu](mailto:hunts@missouri.edu) or

[platteco@missouri.edu](mailto:platteco@missouri.edu)

## PLATTE COUNTY PET POWER VOLUNTEER CONTRACT

*This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience a productive and rewarding one.*

### **Mission Statement of Platte Pet Power**

*"To enhance communications & relationships between generations  
And with those in facilities or in group settings."*

### **As a certified Platte County Pet Power Volunteer, I understand and agree:**

- To comply with training, documentation, certification, and re certification requirements; this includes providing all required paperwork one week before temperament testing.
- To fill out and return Volunteer Log annually.
- To insure my program pet is clean, in good health & free of any contagious conditions when volunteering.
- To control my pet at all times during the programs.
- To provide my own transportation and pay my own expenses incurred as part of official volunteer activities. Expenses may be tax deductible with proper documentation.
- To refrain from using alcohol or illegal drugs while participating in volunteer activities, volunteering while intoxicated, or possessing any weapons during volunteer activities.
- To cooperate with and support University of Missouri Extension staff & volunteers to jointly further the missions and objectives of the Pet Power Program.
- To use the title of University of Missouri Extension Platte County Pet Power Volunteer as intended to signify a highly trained and caring individual.
- To refrain from advertising names or places of businesses and products.
- To not take my pet to nursing home, group settings or for any official volunteer service if animal has given signs of inappropriate behavior, personality, or actions of any kind that may endanger others or me.
- To not substitute or take any animal that has not been approved the Platte Pet Power program veterinarian.

### **Volunteers are Recognized as Platte Pet Power volunteers if they:**

- Attend orientation, provide up to date health papers & signed contract at that session, bring animal to annual temperament testing, and whose animal is approved make & report 6 visits per year.
- Returning volunteers must provide up to date health papers & new contract before their annual/anniversary of their temperament testing, attend temperament testing, and whose animal earns recertification make & report 6 visits per year.

**I further understand that the University of Missouri Extension will:**

- Disseminate information and program updates to all who request it, without regard to race, color, religion, sex, age, national origin, disability or sexual orientation
- Support the University of Missouri Extension Platte County Pet Power Program & coordinate publicity and promotion
- Provide training, oversight, and direction to volunteers
- Communicate expectations and responsibilities of the program to volunteers
- Reassign and/or terminate if necessary, any volunteer who does not uphold Pet Power policies and guidelines
- Uphold & cultivate a trustful relationship between staff & volunteers



**Platte Pet Power Agreement**



I have read and understand this Pet Power Volunteer contract and further agree to abide by the conditions of this contract until it is revoked or revised.

I also agree to allow my name & contact information to be listed and shared with other Pet Power volunteers and with cooperating sites/agencies.

I authorize the University of Missouri to make pictures and sound recordings of my family/myself and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements.

*(If you do not agree to this, please cross out)*

Name: \_\_\_\_\_ Animal Name: \_\_\_\_\_

Year(s) participating in our program for you: \_\_\_\_ Year(s) for your pet: \_\_\_\_\_  
(If you are new to the program, please put 1.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E mail: \_\_\_\_\_

Short description of Animal (size/color/special characteristics/breed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_