



Maricopa County Animal Care and Control



New Hope Partner Acknowledgement

Please review and initial each item listed below and then sign and date in the space provided. Once completed, please detach and provide this page as part of your New Hope Program application. A completed form will be required for each representative of your group that will pull, adopt, and/or transport animals on behalf of your New Hope organization.

I have completely read and fully understand the Maricopa County Animal Care and Control (MCACC) New Hope Program Handbook and agree to adhere to all rules, guidelines, and principles outlined therein, including:

_____ I will always treat all shelter animals humanely and with compassion.

_____ As a valued partner of MCACC, I will conduct myself in a professional and courteous manner at all times when dealing with County staff, volunteers, and members of the public. I will not interfere or disrupt the functions of the County or fail to comply with the procedures established by MCACC.

_____ I will sign in at the Alt. Placement Office as a New Hope Partner when I arrive at the shelter and sign out before leaving the shelter. I will also return any signed-out items (e.g. keys, rescue lanyard).

_____ I will immediately report ANY animal bite or injury and follow all required procedures.

_____ I will always follow all MCACC guidelines and procedures to ensure the health and safety of all animals and people at the shelter, including preventing the spread of zoonotic diseases.

_____ I will adhere to the dress code, including wearing a rescue t-shirt or name tag, or a signed-out rescue lanyard, at all times when at the shelter acting on behalf of a New Hope Partner organization.

_____ I will not engage the inmates cleaning the shelters above and beyond the requirements of their assignment, I will not give the inmates anything they are not authorized to have or take anything from the inmates, nor will I take photos of, or near, the inmates at the shelter.

_____ I will abide by all MCACC rules relating to confidentiality and will not use nor disclose any Confidential Information without prior written approval from the Director.

_____ I will not give medical or legal advice to the public in my capacity as a New Hope Partner.

_____ I will ensure that when a concern arises that the County will be the first point of contact toward resolution of the issue and I understand that harassment directed at or about any County employees or volunteers in any forum, print or in person, will not be tolerated.

_____ I understand that failure to adhere to any of the above rules may result in the suspension and/or termination of myself and/or my New Hope Organization from the New Hope Program.

NH Partner Name: _____ Date: _____

NH Representative Name (Please Print): _____ Signature: _____

NH Representative Email Address: _____ Phone Number: _____



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Release of Liability



I, _____, hereby agree to participate in a Maricopa County New Hope Program with the Department of Maricopa County Animal Care and Control. In doing so, I agree to comply with all of the rules, regulations, policies, and procedures of Maricopa County. I understand that failure to do so may result in immediate suspension from the program.

I recognize that in the participation of this, and any Maricopa County programs, there exists a risk of injury including, but not limited to, physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless, Maricopa County, its' agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including all claims arising out of the negligence of Maricopa County and any persons for whose actions Maricopa County may be held liable, and including attorney fees incurred or sustained by me in any way connected with my participation in any program for Maricopa County.

Representative Signature _____ Date _____

Film and Photographic Public Release

I hereby grant and authorize Maricopa County and its representatives the right, without any obligation to me, to take, edit, alter, copy, exhibit, publish, distribute and/or make use of any and all pictures or video taken of me to be used in and/or for any promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, websites, social networking sites and other print and digital communications that they may designate.

Representative Name (Printed) _____

Representative Signature _____ Date _____