

# VOLUNTEER HANDBOOK

*November 2020*



 [fcnmhp.org](http://fcnmhp.org)

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 904-425-0005



**Norwood Clinic:**  
6817 Norwood Ave.  
Jacksonville, FL 32208

**Cassat Hospital:**  
464 Cassat Ave.  
Jacksonville, FL 32254

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*Volunteer Manager*

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# INTRODUCTION LETTER

*January 1, 2020*

Dear Volunteer,

Thank you for volunteering with First Coast No More Homeless Pets. You have come to the right place to make a difference in the lives of people and the pets they love, and we are proud to have you on our team.

Volunteers are a vital part of our positive environment where we all share one common goal: decrease the number of dogs and cats entering shelters. We do this by providing affordable, accessible veterinary care to all who call upon us and reducing dog and cat overpopulation by operating one of the nation's largest spay/neuter clinics.

Sincerely,



**Rob Levine**

CEO, The Volunteer Board of Directors, and all the dogs and cats across our region.



# FIRST COAST NO MORE HOMELESS PETS

*The mission of First Coast No More Homeless Pets is to make veterinary care affordable and accessible to all as we save lives by keeping dogs and cats in homes and out of shelters, provide low-cost spay/neuter services with emphasis on feral/community cats, and deliver a broad range of related programs and services.*

## WHAT WE DO

We operate one of the largest spay/neuter clinic in the country with more than 20,000 surgeries a year targeting the animals that are most at risk of straining our partner shelters.

First Coast No More Homeless Pets (FCNMHP) helps people and their pets with quality, low-cost veterinary care through our sustainable industry leading programs, services and solutions. **We are not a shelter; we make shelters stronger** with a broad range of comprehensive programs like our Pet Food Bank, large-scale adoption events, and low-cost or no-cost spay neuter programs.



### **Quality, Low-Cost Veterinary Services**

FCNMHP helps keep pets in homes by ensuring that pet owners can afford to spay/neuter their pets and get medical care that is less expensive than other veterinary hospitals and clinics. We also have many programs including ZipClip, SpayJax, Big Dog Fix and more to provide no or low-cost spay/neuter surgeries.



### **Spay and Neuter Services**

FCNMHP offers many no or low-cost spay/neuter services for dogs and cats, such as the SpayJax, ZipClip and Big Dog Fix programs. We also provide a reasonably priced alternative for spay/neuter services. Additionally, we work in cooperation with many agencies and rescues in our area to reduce the pet population.



### **Feral Freedom**

In 2008, FCNMHP partnered with the Jacksonville, FL, public shelter to sterilize feral cats and release them back into their territory (Trap-Neuter-Return). Not only does this program save more than 8,000 annually, but it is the most responsible and cost effective way to manage the feral cat population and has become a national model.



### **FCNMHP Pet Food Bank**

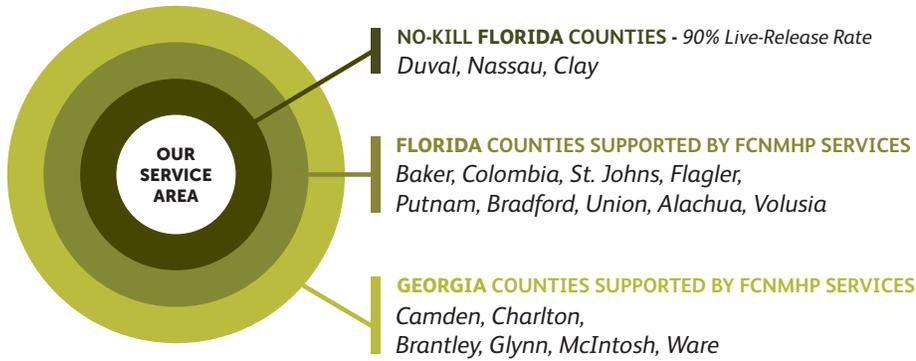
Some neighbors can scarcely afford to feed themselves, let alone their beloved pets. Thanks to this volunteer-driven program, we help make it easier for people to keep pets in homes and out of shelters. The Jacksonville Pet Food Bank has distributed more than 1.8 million pounds of food since it was started in 2012.



## WHY WE DO IT

Many of our clients, our neighbors, cannot afford traditional veterinary services. With our support, they can avoid the most heartbreaking of choices ranging from animal abandonment to economic euthanasia.

**Our 10,000 square mile service area:**



**2019 SURGERY NUMBERS**



**426**  
*Dental Procedures*



**333**  
*Mass Removals*



**92**  
*Lifesaving Exploratory Surgeries*

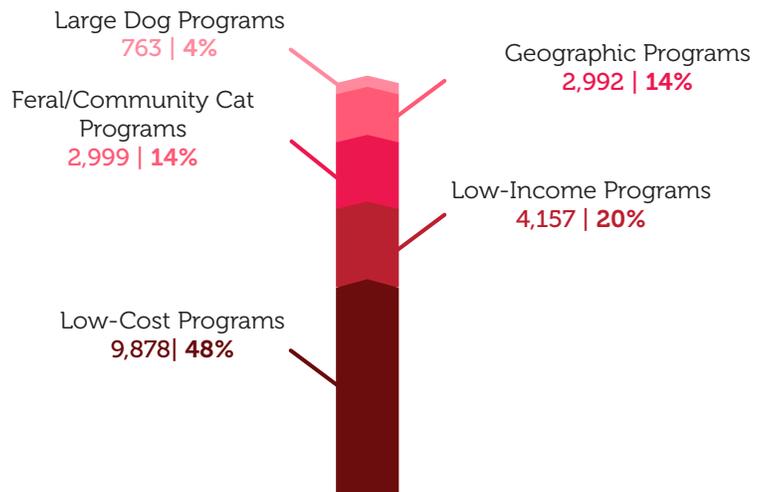


**21,444**  
*Spay/neuter surgeries*



**More than 20,000 surgeries per year.**

**2018-2019 Spay/Neuter Programs:**



# VOLUNTEER HANDBOOK

## **PURPOSE OF THE HANDBOOK**

This volunteer handbook has been produced to ensure that you have a positive and rewarding volunteer experience. The handbook also contains important policies and guidelines to make sure that our volunteer program works to the benefit of all.

## **IMPORTANCE OF VOLUNTEERS**

Volunteers are priceless. We would not be able to serve all the people and pets we love each and every day without the commitment, hard work and passion of our volunteers. We want you to know you are appreciated and valued. Thank you for all you do!

## **POLICIES AND PROCEDURES**

***At-Will Volunteer Relationships*** – Volunteers are in an at-will relationship with First Coast No More Homeless Pets (FCNMHP). The Volunteer Manager or management may terminate a volunteer relationship at any time. In turn, a volunteer may terminate his or her relationship with FCNMHP at any time.

***Documentation of Volunteer Time*** – Volunteers are expected to sign-in and sign-out for each volunteer shift. This documentation is important for both safety and record keeping. Many volunteers are performing community service hours for school, college scholarship, or other reasons. FCNMHP is committed to 100% integrity in this program. Hours will be reported properly and credit will only be given to hours of actual volunteer service.

***Criminal Records*** – Volunteers will not be accepted if they have significant criminal convictions for violent crimes or other issues that may put the public or our mission at risk. Any volunteer that will be driving a company vehicle is expected to have a clean driving record and should not have a DUI conviction in the past five years.

***Attitude and Positive Interactions*** – Customer Service is the key to everything we do. Paid and volunteer staff are expected to treat clients, and each other, with respect at all times. We pride ourselves on our tolerant, diverse, accepting, and positive workplace culture that is marked by its collegiality and collaborative spirit.

# VOLUNTEER HANDBOOK

## **POLICIES AND PROCEDURES, CONT.**

**Health and Safety** – The health and safety of our volunteers, staff, clients, and animals is always our first priority. If a volunteers are ever in a situation that they feel is unsafe, they must not perform that task and should leave that situation. All accidents and incidents should be reported immediately to a staff member.

**Drug and Alcohol Policy** – FCNMHP will not tolerate the possession of any non-prescribed or illegal drugs on our property or any adjacent property - other than OTC products. Any volunteer under the influence of drugs or alcohol will be escorted off of the property and law enforcement will be engaged as necessary.

**Transportation Policy** – Staff may not transport volunteers in a personal vehicle. Volunteers must be at least 18 years of age to ride in a company vehicle with an employee. Volunteers are only covered by their personal automobile insurance while traveling to and from any volunteer service, event, or shift. Volunteers in personal vehicles are not covered by any automobile insurance carried by FCNMHP.

**Personal Vehicles** – We ask that personal vehicles not be parked near the front door of the Norwood Clinic to allow easier access for our clients. At the Cassat Regional Veterinary Hospital, we ask that volunteers park by the administration building on the far south side of the parking lot.

**Driving a Company Vehicle or Operating Equipment** – Volunteers are not authorized to operate any motorized equipment, including cars, trucks, mowers, forklifts or any other driving or riding device without specific permission from FCNMHP Management.

**Sign up for Shifts** – Volunteers at FCNMHP are signed up through [www.signup.com](http://www.signup.com). Volunteers should use this system to sign up for volunteer shifts. To easily access our sign-ups, visit our website and click on volunteer.

**Dress Code** – Dress should be appropriate for the volunteer job they are assigned to and suitable for the workplace. Clothing with words or imagery that others may consider offensive are prohibited. The Volunteer Manager or FCNMHP staff reserve the right to use their discretion to ask a volunteer to leave the property for violations of this policy. Closed-toed shoes are required.

# VOLUNTEER HANDBOOK

## **POLICIES AND PROCEDURES, CONT.**

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**Breaks** – For any shift lasting longer than four (4) hours, volunteers are required to take a break. After four (4) hours of service, each volunteer should take a 30 minute break. Break areas are provided for that purpose at each facility. Volunteers under 18 may not work more than eight (8) hours in any 24 hour period.

**Conflict of Interest Policy** – Volunteers understand that there is no compensation offered as a volunteer at FCNMHP. A volunteer relationship does not promise or imply future employment. Volunteers may not bring items for sale to staff or other volunteers, including youth fundraisers. All contracts are competitive and are not promised as part of any volunteer relationship.

**Harassment Policy** – We are committed to providing volunteers with a safe, productive, and enjoyable environment and experience. FCNMHP will not tolerate any form of harassment among its employees and volunteers and encourages volunteers to bring any incident of harassment, in any form, to the immediate attention of the CEO or appropriate manager.

**Representing the Organization** – All media inquiries should be directed to Amanda Williamson, director of communications, or designated staff member.

**Feedback and Evaluation** – Volunteer feedback can be helpful to improve our program and impact our mission. Please complete evaluation forms. Praise in public and criticize in private. Your view is unique and your voice is important.

**Orientation Information** – Orientation programs will help volunteers better understand the overall mission of FCNMHP. Orientations are required for all positions. Please contact [volunteer@fcnmhp.org](mailto:volunteer@fcnmhp.org) for scheduling.

**Volunteer Job Descriptions** – Job descriptions are available for each volunteer position.

**Importance of the Volunteer Application** – All volunteers at FCNMHP are required to complete a volunteer application. All parts of the application are important. Please review all portions carefully including the fine print!



# FIRST COAST NO MORE HOMELESS PETS - VOLUNTEER APPLICATION

The mission of First Coast No More Homeless Pets is to end the killing of shelter cats and dogs in our community, northeast Florida, southeast Georgia and across the nation.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Tell us Why You Love Animals: \_\_\_\_\_

## HOW WOULD YOU LIKE TO HELP

I love:  Dogs  Cats  Both

Preferred Location:  Where Help is Needed Most  Norwood  Cassat



## WHAT KIND OF VOLUNTEER WORK WOULD YOU LIKE TO DO

- Clinic Support       Maintenance, Laundry       Office Support       Phone Bank
- Finance       Fundraising       Pet Food Bank
- Feral and Community Cat Care
  - Trapping    • Transport    • Kitten Fostering



## SKILLS YOU POSSESS

Communication     Finance     Fundraising     CDL License     Public Speaking

Computer Skills:  Advanced     Skilled     Functional

Is this court-ordered community service?  Yes  No

Have you ever been convicted of a felony?  
 Yes  No

If yes, please give date, nature of offense and disposition: \_\_\_\_\_



**Note:** A criminal record will not necessarily bar an applicant, however, will be considered as it relates to specifics of the role you have shown interest.

**FCNMHP Volunteer Manager:** Betsy Penisten | (904) 520.7911 | [epenisten@fcmhnp.org](mailto:epenisten@fcmhnp.org)

**Signatures Required - Next Page Please...**



# FIRST COAST NO MORE HOMELESS PETS - VOLUNTEER APPLICATION

Please return this form in one of three ways:

Submit electronically | Email to [openisten@fcnmdp.org](mailto:openisten@fcnmdp.org) | Mail to 6817 Norwood Ave., Jacksonville, FL 32208

## **VOLUNTEER RELEASE, WAIVER AND CONFIDENTIALITY AGREEMENT**

*My services are provided strictly in a voluntary capacity as a volunteer and without any express or implied promise of salary, compensation or other payment of any kind whatsoever. My services are furnished without any employment-type benefits, including employment insurance programs, worker’s compensation accrual in any form, vacations or sick time. I will familiarize myself and comply with First Coast No More Homeless Pets (FCNMHP) policies and procedures applicable to volunteers. In particular, I fully understand that FCNMHP expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a volunteer. I understand that FCNMHP, without notice or hearing, may terminate my services as a volunteer at any time, with or without reason. I understand that the handling of animals and other volunteer activities may place me in a hazardous situation and could result in injury to me or my personal property.*

*On behalf of myself and my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless First Coast No More Homeless Pets and its board members, directors, employees and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities, even if the result of FCNMHP’s (or its employees’ and agents’) negligence or otherwise. I understand that my participation as a volunteer involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating as a volunteer with knowledge of the danger involved and I agree to accept all risks of participation.*

*I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the volunteering take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.*

*I also acknowledge that FCNMHP has not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if I am under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation.*

*Understanding that public relations is an important part of a volunteer’s activities, I hereby authorize FCNMHP to use any photographs of me in its possession for public relations purposes. I ask that FCNMHP use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release photographs for public relations purposes.*

*I, the volunteer, do hereby understand and acknowledge that during my tenure as a volunteer with FCNMHP, I may have access to Confidential Information not generally known to the public concerning the business of FCNMHP. I, the volunteer, do hereby agree that during my tenure as a volunteer with FCNMHP and all times thereafter, I will hold FCNMHP Confidential Information in strict confidence, and will not disclose or use such information outside of the scope of my volunteer service with FCNMHP, or without FCNMHP’S prior authorization. For purposes of this Agreement, “Confidential Information” includes, but is not limited to, information regarding projects and potential projects, organizational practices, donors and potential donors, methodologies, management philosophy, and information concerning FCNMHP employees and volunteers. I, the volunteer, further agree and understand that I will immediately return all FCNMHP Confidential Information at the end of my tenure as a volunteer, or whenever requested by FCNMHP.*

*If between the age of 14-15 I will have my parent or guardian volunteer along side of me. (Parent or Guardian application must be submitted at the same time) 16-17 year olds must have their Volunteer Application signed by a parent.*

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>PARENT OR LEGAL GUARDIAN OVER THE AGE OF 21 (OF VOLUNTEERS 17 AND YOUNGER, MINIMUM AGE 14)</b>		

*As a parent or legal guardian of the above-named volunteer, I hereby give consent for my child or ward, as the case may be, to become a volunteer for First Coast No More Homeless Pets as described in the above Volunteer Agreement and Release and, by the signature below, join in and agree to be bound by the terms and conditions of the above Volunteer Agreement and Release.*

<b>Parent/Guardian’s Printed Name</b>	<b>Signature</b>	<b>Date</b>
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Parent’s Email Address: \_\_\_\_\_

***Thank You!***

# ACKNOWLEDGMENT



I understand that this volunteer handbook replaces any and all prior verbal and written communications regarding FCNMHP working conditions, policies, appeals processes, and benefits.

I have read and understand the contents of this handbook and will act in accord with these policies and procedures as a condition of our volunteer relationship.

I understand that if I have questions or concerns at any time about the handbook, I will consult the Volunteer Manager.

Finally, I understand that the contents of this volunteer handbook are simply policies and guidelines, not a contract or implied contract with volunteers. The contents of the volunteer handbook may change at any time.

Please read this Handbook carefully to understand these conditions of volunteer service before you sign this document.

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*Printed Name*

*Signature*

*Date*

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*Parent/Guardian's Printed Name (if under 18)*

*Signature*

*Date*