

# Volunteer Application

## ABOUT YOU

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Why have you chosen to volunteer at this animal shelter? Check as many as apply.

- Love animals  Enjoy helping out  
 Possibly seeking job opportunity  School requirement  
 To gain more experience & knowledge  Other: \_\_\_\_\_

What kind of experience do you have with animals? \_\_\_\_\_

If you are at least 18 years old, can you use your own car to transport animals?  Yes  No

2. Have you ever been convicted of a crime? If yes, please explain: \_\_\_\_\_

3. Do you have any health problems that could affect you while volunteering?  Yes  No

a. If yes, please explain: \_\_\_\_\_

4. Please list any skills, talents, or experience that you have that you think would benefit the shelter: \_\_\_\_\_

## INTERESTS:

1. Please check all aspects of volunteering that interest you:

- Grooming/Bathing Dogs/Cats  Transporting Dogs/Cats  Walking/Playing with Dogs  
 Socializing/Playing with Cats  Special Events  Fundraising  Maintenance  
 Training Dogs  Fostering Cats  Fostering Dogs  Public Speaking  Morning Cleaning  
 Petsmart Adoption Centers

**Camden County Animal Shelter Volunteer Release and Waiver of Liability**

This Release and Waiver of Liability has been executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of Camden County Animal Shelter, their debtors, officers, directors, employees, volunteers, agents (collectively, Camden County Animal Shelter) and members.

**Activities:** The Volunteer desires to work as a volunteer for Camden County Animal Shelter and engage in the activities related to being a volunteer. The volunteer understands that the activities may include working with dogs and cats that were previously unwanted. These animals may have been rescued from a cruel, dangerous, or unhealthy situation. Camden County Animal Shelter cannot be completely sure that the animals are completely well or have not been exposed to illness or disease. Camden County Animal Shelter cannot guarantee the personalities or temperaments of these animals. The activities may also include cleaning the shelter facilities and grounds, loading and unloading supplies, and transportation to and from the shelter and event sites.

**Release and Waiver:** The Volunteer does hereby release and forever discharge and hold harmless Camden County Animal Shelter and debtors, officers, directors, employees, volunteers, agents (collectively, Camden County Animal Shelter) and members from any all liability, claim, and demands of whatever nature, either in law or equity, which may arise or may hereafter arise from the volunteer's activities with Camden County Animal Shelter. The Volunteer understands that this release discharges Camden County Animal Shelter from any liability or claim that the Volunteer may have against Camden County Animal Shelter with respect to bodily injury, personal injury, illness, death, or property damage that may result from volunteer activities with Camden County Animal Shelter whether caused by negligence of Camden County Animal Shelter or its debtors, officers, directors, employees, volunteers, agents (collectively, Camden County Animal Shelter) and members or otherwise. The Volunteer also understands that Camden County Animal Shelter does not assume any responsibility for or obligation to provide financial assistance or other assistance including, but not limited to, medical, health, or disability insurance in the event of an injury or illness.

**Medical Treatment:** The Volunteer understands that the activities include work that may be hazardous to the volunteer, including, but not limited to those mentioned in the above paragraph labeled "Activities". The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities and releases Camden County Animal Shelter from all liability for injury, illness, death, or property damage as a result of these activities.

**Insurance:** The Volunteer understands that, except as otherwise agreed to by Camden County Animal Shelter in writing, Camden County Animal Shelter does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain his or her own medical/health coverage.

**Other:** Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey, and that this release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. Volunteer agrees that in the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable.

**In witness thereof,** the Volunteer has executed this release as of the day and year above written and certifies that all information provided on the volunteer application is truthful and any misrepresentation stated on the application will result in losing his/her privilege of volunteering at Camden County Animal Shelter.

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

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

\_\_\_\_\_  
Checking here hereby verifies that you are agreeing to use your electronic name printed in the space above as the official signature for this contract.

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

**If volunteer is under 18:**

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_