

Liberty Humane Society

VOLUNTEER APPLICATION

Please complete and return to Volunteer Coordinator
or mail to Liberty Humane Society,
235 Jersey City Blvd., Jersey City, NJ 07305

NAME: _____ HOME PHONE: _____

BUSINESS PHONE: _____ CELL PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

BIRTHDATE: (Optional) ____/____/____ AGE GROUP (Circle one) 18-36 37-60 Over 60

EDUCATION: (Circle last grade completed) 8 9 10 11 12 BS/BA Masters PhD

MAJOR: _____

Do you speak a foreign language? If yes, which? _____

How did you find out about our Volunteer program? Internet: (site) _____

Advertisement: (list): _____ Newspaper Article (list): _____ TV (list): _____

Flyer (where): _____ Other (list): _____

Please tell us briefly why you would like to become a volunteer for Liberty Animal Shelter

Do you have any prior experience as a volunteer? If yes, for what organization(s)? What were your duties? _____

Have you had prior experience at an animal shelter or in a related field? _____

Have you had any formal education in companion animal care or animal welfare? _____

What companion animals do you have now? _____

Have you had in the past? _____

Are your companion animals spayed/neutered? If not, please explain _____

Are you a member of any animal welfare organizations? How do you participate? _____

Volunteering for Liberty Animal Shelter is not only animal related, it also involves constant contact with the general public and Shelter staff. How do you feel about interacting with all types of people?

Are you comfortable taking direction from others? _____

Although we make every effort to see that the animals in our care are adopted, there are instances when an animal becomes unadoptable (*this will be explained thoroughly in Orientation*) and is euthanized (*humanely "put to sleep"*). How do you feel about this? _____

What are your special skills, interests, hobbies? _____

Do you have a driver's license? _____ Do you own a car? _____

Do you have health insurance (*copy of insurance card required*)? _____

Do you have any physical, medical or psychological limitations or disabilities (*i.e., heart condition, mental illness, allergies, back injuries, epilepsy, etc.*)? If yes, please explain _____

Failure to disclose any limitations prior to acceptance will result in dismissal from the Volunteer program.

**Please indicate the days of the week and hours you are available.
Volunteers are usually needed between the hours of 8 a.m. and 5 p.m.**

MON _____ TUES _____ WED _____ THUR _____ FRI _____ SAT _____ SUN _____

When will you be ready to begin volunteering? _____

Are there any restrictions such as work/school schedule that may affect your availability for volunteer work?

If you were referred to us through some other agency for community service, please indicate the agency, name of contact person and, if applicable, the number of hours you are required to volunteer.

IN CASE OF EMERGENCY, WHO SHOULD WE NOTIFY?

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

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VOLUNTEER OPPORTUNITIES

Please let us know which volunteer opportunities interest you most
(check as many as apply)

ANIMAL CAREGIVER

Socialize, exercise and groom animals. Clean kennels. Feed and water animals. Assist shelter staff with the public. Provide transportation for animals to veterinarian office or to other welfare groups/adopters.

- Dogs Cats No Preference Transport

ADOPTION COUNSELOR

Screen potential adopters to insure the animal's placement in a loving and secure home. Additional training on screening forms and adoption contracts is required.

- At Shelter Offsite Adoption No Preference

FOSTER CAREGIVER

Provide a temporary home for kittens, puppies, or animals with special needs until they can be adopted. Additional application, screening, training and home visits are required.

ADOPTION FOLLOW-UP

Contact new adopters to see how the adoption is going and to offer support with training and behavior issues. Additional training is required

- At Shelter From Home

OFFICE/COMMUNICATIONS/COMPUTER

- Perform standard office functions. Assist Shelter Director, Volunteer Coordinator, Public Relations Coordinator, etc., with clerical tasks. Preferably with access to a personal computer.
 Assist with data input of animal records (at Shelter).

FUNDRAISING/PUBLICITY

Varies with activity. May include planning, logistics, and coordination of activity or special event.

- Fundraising/Special Events Maintain Fundraising Canisters
 Special Mailings Writer for Newsletters, Publicity
 Photography Printing Work

ADDITIONAL NEEDS

From time to time we are in need of skilled labor (carpenter, licensed electrician, licensed plumber, etc.)
If you have any skills and can donate your time, please specify how.

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WAIVER & RELEASE OF LIABILITY

I understand that in the course of my volunteer activities with Liberty Humane Society, I will come into contact with domestic animals. I acknowledge that the Liberty Humane Society is not the owner of said domestic animals but the keeper, and thus has no prior knowledge of said domestic animals' behavioral tendencies and cannot be held responsible for the behavior of same.

I fully understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals, I agree to assume those risks and to release, indemnify and hold harmless the Liberty Humane Society and any of its Officers, Directors, Employees, Agents or Contractors for any and all personal injury and property damages resulting from said volunteer work.

I further understand that volunteers are not classified as employees, agents or servants of the Liberty Humane Society and thus any injuries I might sustain during the course of my volunteer activities are not entitled to coverage under the Liberty Humane Society's worker's compensation policy.

In the event of injury, I agree to pay any and all medical and other costs in their entirety.

I waive my right to legal action against the Liberty Humane Society in regard to my volunteer duties for same.

I understand the potential of exposure to rabies and will obtain an inoculation from my own physician, at my own expense, if I so choose.

I know of no medical or other condition which would prevent me from volunteering at the Liberty Humane Society in Jersey City, New Jersey.

I agree to abide by all the policies and procedures of the Liberty Humane Society. I understand that I will be terminated from the volunteer program if I fail to do so.

SIGNATURE

DATE

WITNESS

DATE

Name: _____
(Please Print)

Address: _____

Phone: _____

Emergency
Phone: _____