



**TOWNSHIP OF OLD BRIDGE
DEPARTMENT OF PUBLIC SAFETY
ANIMAL SHELTER**

ONE OLD BRIDGE PLAZA • OLD BRIDGE • NEW JERSEY • 08857
732-721-5600, Ext. 6300

www.oldbridgeanimalshelter.petfinder.com
<https://www.facebook.com/OBAnimalShelter/>

William A. Volkert
Chief of Police

Scott Gumprecht
Captain

VOLUNTEER APPLICATION

All applicants must be at least 16 years of age or older

The Old Bridge Animal Shelter is looking for volunteers in varying roles. Please complete this application and return it to the shelter with a copy of your driver's license or state issued identification card and a valid medical insurance card. Applications will not be accepted without proof of valid medical insurance.

Prior to working with animals, volunteers will be required to complete a criminal background history check and sign the attached liability waiver.

DATE: _____ NAME: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BIRTH DATE: _____ OCCUPATION / SCHOOL:

EMAIL ADDRESS: _____

HOURS AVAILABLE: (**MUST BE FILLED OUT**): SAT: _____ SUN: _____ MON: _____

TUE: _____ WED: _____ THUR: _____ FRI: _____

DO YOU MIND CLEANING UP AFTER ANIMALS? _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____

PRIMARY PHONE NUMBER: _____ SECONDARY PHONE NUMBER: _____

PRIMARY CARE PHYSICIAN: _____

HAVE YOU PROVIDED A COPY OF A VALID MEDICAL INSURANCE CARD? _____

HAVE YOU PROVIDED A COPY OF YOUR VALID DRIVER'S LICENSE/STATE ID?

REASON FOR WANTING TO BECOME A VOLUNTEER:

SCHOOL PROJECT () RELIGIOUS SERVICE REQUIREMENT () COURT ORDERED COMMUNITY SERVICE ()
BOY SCOUT/ GIRL SCOUT () JUST ENJOY HELPING ANIMALS () OTHER: _____

DO YOU HAVE EXPERIENCE WORKING WITH ANIMALS? YES () NO ()

IF SO, WHAT ORGANIZATION DID YOU WORK WITH: _____

DO YOU HAVE A PET NOW, OR HAVE YOU HAD A PET IN THE PAST? _____

IF SO, WHAT TYPE OF PET? _____

BY SIGNING BELOW I AGREE TO THE FOLLOWING:

MY SERVICE AS A VOLUNTEER IS OF MUTUAL CONSENT BETWEEN MYSELF AND THE OLD BRIDGE ANIMAL SHELTER AND MAY BE TERMINATED BY THE OLD BRIDGE TOWNSHIP ANIMAL SHELTER OR MYSELF, AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT WHILE SERVING AS A VOLUNTEER, I WILL ABIDE BY ALL ORGANIZATION RULES, REGULATIONS, POLICY, AND PROCEDURES.

I UNDERSTAND THAT FAILURE TO CARRY OUT THE RESPONSIBILITIES OF A VOLUNTEER OR CONDUCT MYSELF IN A MANNER OTHER THAN IN THE BEST INTEREST OF THE OLD BRIDGE TOWNSHIP ANIMAL SHELTER IS GROUND FOR IMMEDIATE SEPARATION.

I, _____, HEREBY ACKNOWLEDGE THAT I HAVE VOLUNTARILY APPLIED TO ASSIST THE OLD BRIDGE ANIMAL SHELTER.

(IF A MINOR HAVE PARENT/GUARDIAN ALSO SIGN HERE; _____)

I AM AWARE THAT WORKING IN A SHELTER SITUATION MAY BE HAZARDOUS AND I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH FULL KNOWLEDGE OF THE NATURE AND THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ALL RISKS OF INJURY OR DEATH.

SIGNATURE: _____

(IF A MINOR HAVE PARENT/GUARDIAN ALSO SIGN HERE; _____)

As lawful consideration for being permitted by the Old Bridge Animal Shelter to assist in the said shelter, I hereby agree that I, my heirs, executors, guardians, legal representative and assigns will not make claim against, sue, attach the property of, or prosecute the Old Bridge Animal Shelter, the Township of Old Bridge or the Old Bridge Police Department for injury or damage resulting from the negligence or other acts, however caused, by an employee, agent or contractor of the Old Bridge Animal Shelter or its affiliates as a result of my assistance in said shelter activities. In addition, I hereby release and discharge the Old Bridge Animal Shelter and its affiliate organizations from all actions, claims or demands I, my heirs, executors, guardians, legal representatives, or assigns may have for injury or damage resulting from my assistance.

I have read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between myself and the Old Bridge Animal Shelter and I sign it of my own free will.

SIGNATURE AND DATE OF VOLUNTEER

WITNESS SIGNATURE AND DATE

PARENT/ GUARDIAN SIGNATURE AND DATE

PLEASE BE ADVISED, IF AT ANY TIME AN ANIMAL CONTROL OFFICER GETS CALLED OUT ON AN EMERGENCY AND/OR IS REQUIRED TO LEAVE THE FACILITY FOR ANY PURPOSE, **ALL VOLUNTEERS** MUST VACATE THE PREMISES. AT NO TIME ARE VOLUNTEERS PERMITTED TO REMAIN IN THE FACILITY WITHOUT AN ANIMAL CONTROL OFFICER PRESENT. BY SIGNING BELOW YOU ACKNOWLEDGE THAT IN SUCH INSTANCES YOU WILL BE REQUIRED TO VACATE THE FACILITY WITHOUT NOTICE. IN THE CASE OF MINORS, THE MINOR IS RESPONSIBLE FOR CONTACTING A PARENT OR GUARDIAN TO PICK THEM UP. BY SIGNING BELOW YOU ACKNOWLEDGE YOUR UNDERSTAND YOUR MINOR CHILD WILL BE LEFT OUTSIDE, UNATTENDED UNTIL YOU ARRIVE TO PICK THEM UP.

SIGNATURE OF VOLUNTEER

PARENT/ GUARDIAN SIGNATURE