



**Bergen County Protect and Rescue Foundation**

302 Second Street, Cliffside Park, NJ 07010 Telephone (201) 945-0649

www.BCRescues.org email: rescueme@bcrescues.org

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## Volunteer Application

### Personal Information

Name: \_\_\_\_\_ Date \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

If under 18, please provide age: \_\_\_\_\_ Work/School Hours: \_\_\_\_\_

May we contact you during Work/School hours? \_\_\_\_\_

Do you have experience working with animals? Describe below:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked at a shelter or vet's office? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide phone number \_\_\_\_\_



**Personal References**

Please list 2 people who have known you for several years (non-family members)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Areas of Interest**

<b>Administrative</b>						
Phone Rep	Data Entry	Grant Writing	Fundraising	Newsletter	Marketing	Newsletter
<b>Adoption</b>						
Adoption Counselor	Cat Cage Cleaning	Cat Socializing	Dog Walking	Foster Care	Transportation To/From adoption sites, vet office	Volunteer Recruiting

**Available Days/Time to volunteer:**

**Please note the available start time on your selected day.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

*Note: Earliest morning hour is 9:30am. Latest evening hour is 4:30pm*



## **VOLUNTEER WAIVER**

Thank you for volunteering with Bergen County Protect and Rescue. In order to protect our organization and our rescued animals, we ask that you sign this waiver.

Although every attempt will be made to ensure your safety, animals (particularly rescued animals) are by their nature unpredictable in behavior. Accordingly you, as a volunteer agree to the following conditions:

**1.** I, \_\_\_\_\_ hereby agree to hold Bergen County Protect and Rescue, its officers, directors, employees, volunteers forever harmless for any injury whatsoever that I may suffer as a result of my volunteer activities with Bergen County Protect and Rescue. This includes but is not limited to dog/ cat bites, scratches, communicable illnesses or pests contracted from any animal.

**2.** I also agree to hold Bergen County Protect and Rescue, its officers, directors, employees, volunteers forever harmless for any and all personal injuries sustained on the premises of 302 2nd Street, Cliffside Park, NJ 07010 regardless of cause or negligence on the part of Bergen County Protect and Rescue, its officers or the owner of the above named property as well as any place outside the above named property while volunteering for Bergen County Protect and Rescue.

**3.** I am aware that as a volunteer of Bergen County Protect and Rescue I am acting as a representative of the organization and agree to act responsibly at all times by maintaining a professional demeanor and protecting the organization's rescued animals from any harm by practicing common sense while they are in my possession.

**4.** I agree that any animal rescued by Bergen County Protect and Rescue is owned solely by and is the property of Bergen County Protect and Rescue, and as a volunteer of this organization, I will not withhold, sell or give away any animal entrusted to me by the organization.

**5.** I will not rescue any animal as a stray or a shelter in the name of Bergen County Protect and Rescue without prior authorization from a director, officer or employee of the organization.



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By signing this waiver, I agree that I have been given proper training on the responsibilities, procedures and protocols of the facility and caring for the animals at Bergen County Protect and Rescue. I fully understand that there are animals that I may not interact with because of quarantine, illness and aggressions and/ or behavior issues therefore limiting my volunteer work for safety reasons.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bergen County Protect and Rescue Manager

\_\_\_\_\_  
Date

Under the age of 18 requires parental signature:

I, \_\_\_\_\_ Name of Parent or Guardian, agree to accompany or have another adult accompany the minor child at all times while they are involved in any activity on the premises, and acknowledge that I am fully and totally responsible for the above child at all times while he/ she is participating in any activity at Bergen County Protect and Rescue.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bergen County Protect and Rescue Manager

\_\_\_\_\_  
Date