

VOLUNTEER

www.jerseyaws.com



APPLICATION

jerseyaws@gmail.com

Thank you for your interest in volunteering with the Jersey Animal Welfare Society. We are an all volunteer operated organization dedicated to providing assistance to NJ shelters, rescues and homeless animals in our community. Please read through the application, fill it out and sign. We look forward to meeting and working with you!

Personal Information				
Last Name		First Name		Middle Initial
Home Address			City	State Zip
Home Phone		Mobile Phone		Work Phone
Date of Birth			Email	
Educational Background				
Skills/Interests				
Contact In Case of Emergency				
Name			Relationship	
Home Phone		Mobile Phone		Work Phone
Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe:</i>				
Do you have previous experience caring for animals or providing customer service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe:</i>				
School Information				
Name of School				
How many hours are you looking to complete?				
Criminal History				
Since your 18 th birthday, have you been convicted of any violation of the law, other than minor traffic offenses, or pled nolo contendere (no contest) to criminal charges, even if adjudication was withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe:</i>				
<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony		Name of Offense		
Name and Location of Court				
Disposition of Case				Date



Note: A conviction does not automatically disqualify you from participating as a volunteer. The nature of the offense, how long ago it occurred and the relationship to this volunteer opportunity are given consideration.

Availability and Job Preference

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time:							

Would you prefer to work with dogs or cats? Dogs Cats Both

Which volunteer opportunities interest you?

- | | |
|---|--|
| <input type="checkbox"/> Adoption Events
<input type="checkbox"/> Public Education
<input type="checkbox"/> Special Events or Projects
<input type="checkbox"/> Fundraising/Networking
<input type="checkbox"/> Marketing/Public Relations
<input type="checkbox"/> Animal Fostering | <input type="checkbox"/> Veterinarian Transport
<input type="checkbox"/> Rescue Transport
<input type="checkbox"/> Pet Food Bank Activities
<input type="checkbox"/> Animal Grooming
<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Other Skills or Areas of Interest: |
|---|--|

How did you hear about us?

RELEASE OF LIABILITY AND WAIVER

- I understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release Jersey Animal Welfare Society from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.
- I acknowledge and understand that as a volunteer of Jersey Animal Welfare Society, I am not covered by workers' compensation or any other insurance policy through JAWS for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.
- I fully understand that as a part of my volunteer work for Jersey Animal Welfare Society I will come into contact with animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.
- I fully understand that as a volunteer and/or foster home for Jersey Animal Welfare Society my family may come in contact with animals at JAWS events, and I and my family and/or guests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a risk of injury, and it is possible that my family and/or guests may be bitten, scratched and/or otherwise injured.
- My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Jersey Animal Welfare Society or any of its past, present or future Officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.

Thank you for your interest in volunteering with Jersey Animal Welfare Society. Please sign and date your application below. We look forward to having you on our volunteer team!

Applicant Signature

Date