



Bergen County

Protect and Rescue Foundation

302 2nd Street
Cliffside Park, NJ 07010

201-945-0649
RescueMe@BCRescues.org

www.BCRescues.org

Volunteer Application

Personal Information

Name: _____ Date: _____

Address: _____

Phone: _____ Alternate Number _____

Occupation: _____ Email Address: _____

How would you like us to contact you? ___ email ___ text ___ call

*If under 18, please provide age: _____ *Parent/Guardian signature required. _____

Please explain why you would like to become a volunteer at BCP&R. _____

Please list any formal education in pet care or animal welfare that you have had.

How did you hear about us? _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Home phone: _____ Work phone: _____

Do you have any physical, medical or religious limitations or disabilities (i.e. allergies) that would restrict you from certain activities? _____

*All information provided is strictly confidential.



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Areas of Interest

List any special skills, experience or knowledge you believe might be valuable as a future volunteer. _____

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Website Design | <input type="checkbox"/> Advertising | <input type="checkbox"/> Cat Cage Cleaning | <input type="checkbox"/> Date Entry |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing | <input type="checkbox"/> Volunteer Recruiting | <input type="checkbox"/> Phone Rep |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Adoption Counselor | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Dog Walking | <input type="checkbox"/> Cat Socializing | <input type="checkbox"/> Animal Transport/Donation Pickup | |

*** We require a minimum of 2 hours per volunteer session.**

Because our organization is volunteer based, we need you to be consistent and on time on the days you select to volunteer. When committing to volunteer on the chart below please remember to list those day/times you are absolutely certain that you can attend. Realizing your schedule may change, please notify the shelter manager so coverage is provided. Thank you and remember we are counting on you!

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning			X				
Afternoon							
Evening							

Note: Earliest morning hour is 8:30am. Latest evening hour is 7:00pm

Hanna our volunteer coordinator will be contacting you within the next 7 days to set up an orientation & training session. Please be alert for her communication and respond quickly. Would you prefer to train one night during the week or on a weekend? _____

While waiting please logon to our website to learn more about us: www.BCrescues.org



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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 ave 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, 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