



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: _____
(Please Print)

Address: _____ City: _____ State _____ Zip: _____

Cell: _____ Alternate Number: _____

Occupation: _____ E-Mail: _____

*If under 18, please provide age: _____ *Parent/guardian signature: _____

Please explain why you would like to 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: _____ City: _____

Home phone: _____ Work Phone: _____

Cell Phone: _____



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**All information provided is strictly confidential*

Areas of interest

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

Pet Care

- Dog Walking
- Cat Socializing
- Puppy/Dog Care
- Foster Care

Cleaning

- Kennel Cleaning
- Cat Cage Cleaning
- Washing/Laundry
- Office Cleaning

Office

- Admin. Support
- Data Entry
- Reception/Phones
- Animal Transport

Operations

- Adoption Events
- Fundraising
- Marketing/Advertising
- Grant Writing

What days will you be coming to the shelter? PLEASE WRITE IN **THE HOURS** BELOW:

(Please fill in at least 2 hours per shift)

SHIFT:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
8am to 12pm							
12pm to 4pm							
4 pm to 8pm							

Please be consistent with hours. We will contact you shortly to schedule an orientation and training session.

We communicate via a Volunteer Facebook page. If you do not have a FB account, please text your Volunteer Coordinator if you can't make your shift. Visit our webpage, www.BCRescues.org and our Facebook page, **Bergen County Protect & Rescue Foundation** for more information about the shelter. **THANK YOU!**



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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 St., 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