

**VOLUNTEER APPLICATION**

**VOLUNTEERS MUST BE 16 YEARS OR OLDER DUE TO INSURANCE REASONS  
HOURS FOR VOLUNTEERING ARE 1-4 PM EVERY DAY OF THE WEEK**

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

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

City, State & Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Driver's License # \_\_\_\_\_

**EMERGENCY CONTACT:**

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

Relation to you? \_\_\_\_\_

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**PRESENT OR LAST JOB:**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Your Position: \_\_\_\_\_ Dates: \_\_\_\_\_

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**OTHER VOLUNTEER EXPERIENCE: (If Applicable)**

Organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Your Duties: \_\_\_\_\_ Dates: \_\_\_\_\_

**REFERENCES (2):**

1 Personal (Volunteers who are 16-17 years of age must list name, address and phone of parent or guardian)

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

1 Job Related (List name, position and phone number)

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

**PET QUESTIONS:**

Do you have any pets at home? If yes, what kind of breed? \_\_\_\_\_

Are they neutered/spayed? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Name of Pet(s): \_\_\_\_\_

What Vet do you use? \_\_\_\_\_ Phone number: \_\_\_\_\_

Last name listed under at vet? \_\_\_\_\_ Town: \_\_\_\_\_

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Do you have any allergies or other physical or mental limitations that may require accommodations or may restrict the volunteer program? If yes, please explain your limitation and if you require accommodations: \*\* See page 5

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Please describe any special talents, skills, training, hobbies or interests that you have that might benefit JSAC. (Example: Computer skills, art, fundraising, writing, animal training, video editing, photography, etc)

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**MINIATURE SURVEY:**

1. How do you characterize yourself? Circle all that apply

Happy          Shy          Outgoing          Busy          Easy-Going  
Easily Annoyed          People Person          Animal Person          Leader  
Follower          Emotional          Anxious          Calm          Peaceful

2. What do you expect to get out of volunteering here?

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3. Is there anything that you will absolutely not do here?

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4. How long do you plan on volunteering here?

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5. There are a lot of different volunteer opportunities with many different organizations both in the animal field and outside of the animal field. What made you choose the Jersey Shore Animal Center for your free time?

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**VOLUNTEER APPLICATION**

For each of the following questions below, mark on the ruler where you feel you fit in on the spectrum of the two options. The closer you make a mark on either option indicates that you feel that option closely describes you. There is no right or wrong answer to any of these questions. We are simply trying to get a better sense of your personality to help you assess if our volunteer program is right for you.

1. I prefer to spend my time with:

Animals | | | | | | | People

2. If I had to choose, I would prefer to work at a:

Quiet/ Slow Rescue | | | | | | | Busy/Fast Rescue

3. I am:

Disorganized | | | | | | | Organized

4. If I saw someone surrender their animal to the shelter, I would feel:

Angry | | | | | | | Sad

5. When I don't know how to do something I:

Get Frustrated | | | | | | | Fake It until I Make It

6. I want to volunteer to:

Relax | | | | | | | Keep busy

7. If a volunteer or staff member told me I was doing something incorrectly I would be:

Thankful | | | | | | | Offended

8. I believe spaying/ neutering is:

Not right | | | | | | | Very important/ necessary

9. I believe euthanasia is:

Always wrong | | | | | | | Acceptable under circumstances

10. I am \_\_\_\_\_% committed to dedicating some of my free time **every week** to a scheduled volunteer program:

0% | | | | | | | 100%

Dog obedience: Basic training makes dogs more adoptable. Would you be interested in attending obedience school classes with a shelter dog?

Yes \_\_\_\_\_ No \_\_\_\_\_

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Have you ever been convicted of any law violation? (Include any plea of “guilty” or “no contest”)

Excluding minor traffic violations. Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes**, please explain:

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The Jersey Shore Animal Center compassionately euthanizes (puts to sleep humanely) terminally ill, shelter depressed and/or vicious animals. Volunteers are not involved. Please initial indicating you **understand and accept** this policy. \_\_\_\_\_

The volunteers of the Jersey Shore Animal Center commit to a schedule much like a staff member would to a job. This schedule helps the shelter run smoothly. The staff and animals rely on volunteers to uphold their commitment on the day(s) they select.

**Please check the day(s) and times you are committed to volunteering:**

*Every volunteer is required to donate at least one day a week.*

Shift Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6 a – 12p (Offsite)*							
1p – 4p**							
4p -9p (Offsite)*							

\*Fundraisers and other offsite events where we need volunteers to help man a table, help set up and break down an event etc... Example Gift Auction, Dog Fest, 5K, Petco Adoption Weekends, etc...

\*\*These are the only hours available to volunteer with the animals at the shelter.

**Indicate your activity preference by numbering from 1 to 5 (1 being the 1<sup>st</sup> choice):**

Dog Walking \_\_\_\_\_ Tour Guide \_\_\_\_\_ Cat Socialization \_\_\_\_\_

Off site Events \_\_\_\_\_ Thrift Shop \_\_\_\_\_

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The Jersey Shore Animal Center reserves the right to refuse and/or terminate **any** volunteer for **any** reason.

Thank you for your interest in volunteering at the Jersey Shore Animal Center. Once you have filled out the above application, please fax/mail or drop it off at the shelter. ALL new volunteers are required to attend a General Orientation before starting to volunteer. Due to the increased interest in our volunteer program, we have a few requirements that must be followed:

- Due to the high volume of volunteers that apply each day, your services may not be needed at the moment. If that is the case, we will hold onto the application for 60 days in case a position becomes available.
- Must volunteer a minimum of one day per week.
- Work on a schedule that is chosen and worked out by you and the volunteer coordinator.
- Understand that if you fail to show for your shifts for over a month, without calling out, you will be terminated as a volunteer.
- A background check may be performed. All information is confidential. Applicants will need to complete "Authorization for Volunteer Background Check".
- **\*\*At the discretion of the Volunteer Coordinator and Project Director we may request a doctor's note regarding the limitation and we reserve the right to limit the volunteer activity for the safety of all involved at any time during the hours here.**

**You must contact the volunteer coordinator after orientation to confirm your attendance.**

**"I give permission to the Jersey Shore Animal Center to verify any/all information given."**

Please initial: \_\_\_\_\_

By signing, I acknowledge I have read and understood the entire application.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please send app to 185 Brick Blvd, Brick NJ 08723 or Fax (732) 920-3706**

**Authorization for Volunteer Background Check**

**VOLUNTEER APPLICATION**

By signing below, I hereby authorize \_\_\_\_\_ and/or any company directed by the above organization to complete a Background Check on me for the purpose of Volunteering for this organization. This background check can include, but is not limited to, a social security trace, criminal history searches, including criminal conviction records as permitted by law, driving history and license verification. I further understand and agree that these reports may be obtained at any time and any number of times as this organization in its sole discretion determines is necessary before, during and after my volunteer services.

I also hereby authorize all agencies to release any and all information requested by Adam Safeguard and their agencies on behalf of this volunteer organization. I further Release this volunteer organization, Adam Safeguard and their agencies, employees, successors and assigns and all other parties involved in this background check from any claims or actions for any liability whatsoever related to the process of this Volunteer Background check.

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Applicant's Name: \_\_\_\_\_  
Last First Middle Suffix

Alias/Maiden Name (if any): \_\_\_\_\_

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

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE - DATE