

**Father John's Animal House – VOLUNTEER APPLICATION**

**Father John's Animal House**  
50 Father John's Lane • Lafayette, NJ 07848  
Phone: 973-300-5909 • Fax: 973-579-6010 • Email: [FJAnimalHouse@embarqmail.com](mailto:FJAnimalHouse@embarqmail.com)  
[www.sussex.petfinder.org](http://www.sussex.petfinder.org)  
**Hours open to the public: Wed – Sat 11-5**

**You MUST be at least 16 years old to volunteer.**

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

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

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

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

Home Phone# \_\_\_\_\_

Work Phone # \_\_\_\_\_

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

Date of birth \_\_\_\_\_

What school, if any, are you presently attending? \_\_\_\_\_

What grade are you in, if in school? \_\_\_\_\_

**Emergency Contact Information**

Name of person to contact in case of an emergency:

Phone# \_\_\_\_\_

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

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

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

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1. Do you have any medical conditions or allergies that we need to know about including an allergy to latex? If so, please explain below:
2. Why do you wish to volunteer with Father John’s Animal House?
3. Have you had any formal education in pet or animal welfare?
4. Do you have any pets of your own? If so, please list them below:
5. If you have pets, how did you acquire them?
6. Tell us about your special interests, talents, or skills:

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<b><u>Availability</u></b>
<b><i>Hours to volunteer are: Sun, Mon, Tue, 8:30-1:00 and WED-SAT 8:30-5:00</i></b>
The days I am available are: <i>(circle all that apply)</i>
Mon    Tue    Wed    Thur    Fri    Sat    Sun
The times I am available are: <i>(circle all that apply)</i>
Morning hours _____ a.m. Afternoon hours _____ p.m.
The frequency I am available is: <i>(circle all that apply)</i>
Daily    Weekly    Monthly
My availability varies:

### **VOLUNTEER ACTIVITIES**

*Please select from the lists below, the activities that you would like to volunteer for.*

<b><u>ANIMAL CARE</u></b>				
Help with training dogs	Yes	No		
Brush/cuddle cats or bathe dogs	Dogs	Cats	Both	No
Help out at Adoption Days	Yes	No		
Cleaning Kennels or Cat Rooms	Dogs	Cats	Both	No
Walk Dogs:	Yes	No		

<b><u>FUNDRAISING</u></b>	
<i>(circle Yes or No)</i>	
Organizer a Fundraiser:	Yes No
Baking for Bake Sale:	Yes No
Craft Show Help:	Yes No
Garage Sale Help	Yes No
Sell Raffle Tickets: <i>(You MUST be at least 21 years of age to sell raffle tickets)</i>	Yes No
Tricky Tray Help: <i>(You MUST be at least 21 years of age to volunteer at the actual Tricky Tray event)</i>	Yes No

<b><u>SHELTER GROUNDS</u></b>	
<i>(circle Yes or No)</i>	
Carpentry:	Yes No
Electrical:	Yes No
Mowing lawn:	Yes No
Painting:	Yes No
Plumbing:	Yes No

<b><u>MISCELLANEOUS</u></b>	
<i>(circle Yes or No)</i>	
Stuffing Envelopes for mailings	Yes No
Other ways I might help:	

## Father John's Animal House – VOLUNTEER APPLICATION

Father Johns' Animal House is always in need of donations.  
Call the shelter to obtain our current Wish List. Thank you for volunteering.

***Form must be signed for each release.***

Name of Volunteer: \_\_\_\_\_

### Release of Liability

*I, the undersigned, release Father John's Animal House. and its employees and other persons connected with this shelter from any and all liability for damage and injury to myself and I accept full responsibility for any and all such damage and injury. I understand the risks of working with animals and accept these risks. I have been informed that volunteers are not covered by the shelter insurance and acknowledge that I will be working as a volunteer at the shelter at my own risk.*

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Tetanus Waiver

Father John's Animal House. feels it is important to have a tetanus vaccination before joining the Volunteer Team. To emphasize the importance, we ask you to read and sign the following waiver.

*I understand that because I may handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release Father John's Animal House. from all responsibility for events that may occur if I do not pursue this matter further. I realize that whatever decision I make is at my own risk.*

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Rabies Waiver

I, \_\_\_\_\_ have been advised of the risks of rabies and have agreed to the following:

I will have the three pre-Rabies vaccinations at my own cost.

I have refused the rabies pre-Rabies vaccinations.

*I release Father John's Animal House. from all legal responsibility and responsibility for any medical care that may be necessary due to injury at the shelter or while I am on shelter business.*

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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### APPLICANT'S AGREEMENT

In signing this application, I understand and agree to the following terms:

1. I agree to abide by the policies and procedures presented to me at the volunteer orientation.
2. If I have any ideas, constructive comments, suggestions, criticism, and/or concerns regarding any aspect of the shelter, I will bring them directly to the shelter manager.
3. If communication problems develop between employees and myself, as a volunteer, I will report these problems to the shelter manager as soon as possible.
4. I understand that if I am injured while acting as an unpaid volunteer, **I am not covered by New Jersey State Worker's Compensation Law.**

Signature of Volunteer: \_\_\_\_\_

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