



CLAWS Cat Rescue and Adoption Shelter

28 Pelletown Road
Augusta, NJ 07822
phone: 973-875-8540
email: clawscatshelter@earthlink.net
web: www.clawscatshelter.com

Animal Shelter Volunteer Application

Please complete and return the Volunteer Application. Application may be mailed or dropped off during regular adoption hours. If mailed, Please send to: Claws Cat Rescue, 28 Pelletown Rd, Augusta NJ 07822
You must be 18 or older to volunteer. 14-17 yrs, you will need a parents consent.

Please understand that completion of this application does not assure placement. Claws fills the positions and time slots that are needed. Accuracy and completeness of this form are important in determining the acceptability for a volunteer position with Claws. You may be requested to submit additional references and participate in additional interviews, all of which are considered part of the qualification process. All pre-placement inquiries are made for the purpose of establishing your qualifications for placement with Claws.

1. Name _____ Date _____

2. Address _____

3. Phone _____

Best time to call _____

4. Email _____

5. Emergency contact _____ Phone _____

6.. Are you a student ? Yes ___ No ___

7. Do you have a current driver's license? Yes ___ No ___

If so please provide a copy of your license

8. Has your license ever been revoked? Yes ___ No ___

Explain: _____

9. Have you ever been convicted of a criminal offense other than parking violations?

Yes ___ No ___

Explain _____

10. Do you have any allergies or physical limitations that may prevent you from certain activities?

11. Do you have any current or previous volunteer experience?

12. Are you a member of any other animal welfare organizations? _____

if yes, how do you participate? _____

13. Do you have any skills, training or hobbies (computers, photography, grooming) that might be helpful to Claws Cat Rescue and Adoption Shelter?

14. Is this for a school or service project? School ___ Service _____

How many hours must you complete? _____

15. Is this Court/Community service (court mandated)? Yes ___ No ___

How many hours must you complete? _____



CLAWS Cat Rescue and Adoption Shelter

28 Pelletown Road
Augusta, NJ 07822
phone: 973-875-8540
email: clawscatshelter@earthlink.net
web: www.clawscatshelter.com

16. Please list 3 references

Name _____ phone _____
Relationship _____

Name _____ phone _____
Relationship _____

Name _____ phone _____
Relationship _____

17. Employer _____

Phone _____

May we contact your employer? Yes ___ No ___

Position Title _____

Years at employment _____

18. Do you have any pets? Cat ___ Dog ___ Other ___

Spayed/Altered Yes ___ No ___

Current on vaccinations? Yes ___ No ___

19. Have you ever adopted from Claws Cat Rescue? Yes ___ No ___

20. How did you hear about volunteer opportunities at Claws Cat Rescue?

21. Please indicate your hours of availability (the shelter is open 7 days a week 8-4) :

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Shelter Review	
Received by:	Date:
Reviewed by:	Date:



CLAWS Cat Rescue and Adoption Shelter

28 Pelletown Road
Augusta, NJ 07822
phone: 973-875-8540
email: clawscatshelter@earthlink.net
web: www.clawscatshelter.com

CLAWS Cat Rescue and Adoption Shelter Volunteer Consent and Liability Waiver Agreement Full General Release of All Claims

In consideration of this opportunity to volunteer at Claws Cat Rescue Shelter, I, _____, agree to the following terms and conditions, intending to be legally bound by them:

1. I will abide by the mission, rules, regulations, policies and programs of Claws Cat Rescue and Adoption Shelter while I am a volunteer.
2. I agree to be supervised by Claws Cat Rescue and Adoption Shelter Director or designee and will work as a team member with all volunteers.
3. If I am unable to fulfill my regularly scheduled hours, I will provide 24 hour advance notice to the Animal Shelter Director and arrange for rescheduling
4. I assume the risks of being bitten, scratched, injured, or frightened by cats, kittens, in connection with my volunteer work for Claws Cat Rescue and Adoption Shelter. Neither Claws Cat Rescue, nor Board members and employees is liable to me for any injuries, damages, liabilities, losses, judgments, costs, or expenses whatsoever that I might suffer or sustain in connection with the performance of my volunteer activities for Claws Cat Rescue and Adoption Shelter, unless they are the result of Claws Cat Rescue and Adoption Shelter's gross negligence or intentional misconduct. I will indemnify, defend, and hold Claws Cat Rescue and Adoption Shelter harmless from and against any claims, lawsuits, injuries, damages, losses, costs, or expense whatsoever sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for Claws Cat Rescue and Adoption Shelter or my breach of Claws Cat Rescue and Adoption Shelter's rules, regulations, policies, and programs.
5. I will treat all animals, other volunteers, and the general public with dignity and respect.
6. If I will be sheltering or providing foster care or boarding for any of Claws Cat Rescue and Adoption Shelter animals in my home or business, I consent to Claws Cat Rescue and Adoption Shelter visiting my home or business from time to time to observe the animals and their living quarters.

I FURTHER UNDERSTAND THAT ANIMALS ARE UNPREDICTABLE IN NATURE AND THAT SERIOUS INJURIES OR PERSONAL PROPERTY DAMAGE OCCASIONALLY OCCUR DURING THE HANDLING OF SUCH ANIMALS. I FURTHER UNDERSTAND THAT IN MANY INSTANCES CLAWS CAT RESCUE AND ADOPTION SHELTER DOES NOT KNOW THE COMPLETE MEDICAL HISTORY OF ITS ANIMALS AND THAT THESE ANIMALS MAY HAVE UNKNOWN INFIRMITIES SUCH AS RABIES. I ACKNOWLEDGE BY SIGNING BELOW THAT CLAWS CAT RESCUE AND ADOPTION SHELTER MAKES NO REPRESENTATIONS CONCERNING ANY ANIMAL'S EXPOSURE TO RABIES OR OTHER DISEASES. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS CLAWS CAT RESCUE AND ADOPTION SHELTER AND EACH OF ITS AGENTS, ATTORNEYS, EMPLOYEES, DIRECTORS, OFFICERS, SUCCESSORS AND ASSIGNS WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I have accurately and truthfully completed this Volunteer Application and Agreement.

Signature of Applicant: _____ Date: _____

Please print first and last name: _____