



# **WEST MILFORD ANIMAL SHELTER SOCIETY**

P.O. BOX 72 - LYCOSKY DRIVE  
WEST MILFORD, NEW JERSEY 07480  
(973) 728-2859

# **VOLUNTEER AGREEMENT & APPLICATION**



## WEST MILFORD ANIMAL SHELTER SOCIETY

P.O. BOX 72 LYCOSKY DRIVE  
WEST MILFORD, NEW JERSEY 07480  
(973)728-2859

Dear Friend,

Thank you for expressing an interest in becoming a valued volunteer with the West Milford Animal Shelter Society (WMASS). As you may know, our organization operates the animal shelter in our community on a 100% volunteer basis. Therefore, each and every volunteer can make a valuable contribution of time and labor to help care for the animals that arrive at our doors.

Please read the attached information carefully. If you would like to join our volunteer team, please complete the "Volunteer Agreement & Application" (both sides) and return it to us at the address shown above. If you have any questions, please feel free to contact us at the shelter.

Helping the animals find new, responsible, loving homes while keeping them happy and healthy in the meantime requires a lot of hard work and dedication. There are many rules and regulations and it takes time to learn them. If you're ready to roll up your sleeves and help, the gratification received in return for your efforts can be tremendous!

We provide an orientation and training program for all new volunteers. Upon receipt of your completed application, we'll be contacting you to schedule a mutually convenient time for you to start.

We all look forward to you joining our team!

Most Sincerely,

The WMASS Board  
and Volunteers

### Shelter Hours:

Mon - Fri: 10am to 1pm

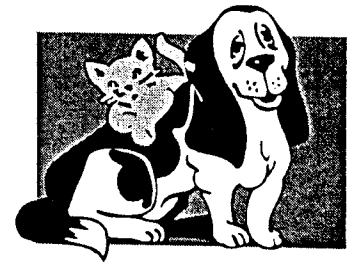
Wed Eve: 7:30pm - 9pm

Sat - Sun: 10am to 3pm

Phone: 973-728-2859

<http://www.westmilfordanimalshelter.org>

*Often people who care about the plight of homeless animals are overwhelmed by the enormity of the problem. And it's true that no one person can save them all; but if you can make a difference in the life of even one animal, let alone hundreds each year, then your contribution is invaluable.*



## ***Volunteer Requirements***

- We're sorry, but due to insurance restrictions and other concerns, all volunteers must have attained the minimum age of 18 years or:
  - a) be at least 16 years of age with a signed parental consent form & waiver; volunteers under 18 years will not be permitted to work with the dogs or
  - b) if under 16 years of age, parent must be a trained, active volunteer before the minor is eligible for volunteer duties
- Must complete a volunteer application & waiver
- Must train for 12 months before being considered for voting membership (not available to minors)
- Must keep track of hours volunteered through the shelter's log book
- Must understand the possible disease risk and should have current vaccinations for animals at home
- Must understand WMASS policies and procedures and be able to follow directions
- Must understand the potential human health hazards and should have a current tetanus vaccination
- Must not knowingly take actions against the wishes of the voting membership as a whole
- Must report any injuries received while on shelter premises immediately to a WMASS Board member
- Must retain confidentiality in the work of the shelter and dealings with the public
- Should report any problems he/she is having with policies or staff immediately so that we can work together effectively as a team
- Must be a reflection of the values and standards set by the WMASS and should feel comfortable with our policies and procedures
- Should join the staff as a result of mutual interest and concern for the animals
- Should report on time and complete his/her expected shift or find appropriate substitute coverage; if coverage cannot be obtained, advance notice is to be given to the shelter operations director

*The WMASS is unique in that we operate a 100% volunteer municipal animal shelter. We believe it is the volunteer difference that makes us as successful as we are and that sets our standards so high. Joining the WMASS means friendships, commitment, a lot of hard work, and an undeniably brilliant sense of value not measurable in monetary terms.*

WEST MILFORD ANIMAL SHELTER SOCIETY, INC.  
PO Box 72-Lycosky Drive  
West Milford, NJ 07480 tel.(973)728-2859

VOLUNTEER AGREEMENT & APPLICATION

- After completion, please mail or deliver to the address listed above. You will be notified after your application/agreement is received and reviewed. Please be patient.

PERSONAL PROFILE

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

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

E-mail address: \_\_\_\_\_ Birth date (optional) \_\_/\_\_/\_\_

Age Group (circle one) 16-17 18-40 41-60 over 60

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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In an emergency, who should we notify?

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

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

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Do you have any physical, medical, or psychological limitations or disabilities ( i.e. heart condition, mental illness, allergies, etc...)? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
(Failure to disclose any limitations prior to acceptance may result in dismissal)

Are you currently taking any prescription medications? Please list: \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_

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Is your volunteer work part of a community service program (school, church, scouts. etc...)? \_\_\_\_\_

Name of organization: \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Telephone # \_\_\_\_\_

Number of hours required to work: \_\_\_\_\_ Date must be completed by : \_\_\_\_\_

\*\*Please attach a copy of any paperwork required to be completed by WMASS.

Are you acquainted with a present or past WMASS volunteer?

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

How did you find out about our volunteer program?: \_\_\_\_\_

Please tell us briefly why you would like to become a volunteer for WMASS. \_\_\_\_\_

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

Please list any prior work experience at an animal shelter or related field. \_\_\_\_\_

Are you currently involved with any other animal welfare organization? How do you participate? \_\_\_\_\_

What pets do you have now? \_\_\_\_\_ Are they spayed/neutered? \_\_\_\_\_

Have you ever adopted from us before? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Have you ever brought us an animal? \_\_\_\_\_ When? \_\_\_\_\_

Although we make every effort to adopt the animals in our care, there are instances when this cannot occur. These animals are humanely euthanized (Explained more during orientation). How do you feel about this? \_\_\_\_\_

**WE NEED OUR VOLUNTEERS TO BE CONSISTENT TO ENSURE ADEQUATE AND APPROPRIATE STAFFING OF THE SHELTER.** Please indicate the days of the week and hours you are available on a regular basis (all possibilities). Volunteers are needed between the hours of 10-1 Mon-Fri, 7:30-9:00 Wed Eve., 10-3 Sat & Sun. Also evening dog walkers between 7&9.

Daytime  
Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Please indicate any evenings that you would be available on a regular basis.  
Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

When will you be ready to begin volunteering? \_\_\_\_\_

\*\* Please be advised that the following are some of the diseases that could be contracted from handling the various animals that come into the shelter. Following all shelter handling and cleaning policies is imperative in disease control.

- |                   |                               |
|-------------------|-------------------------------|
| Bartonellosis     | Brucellosis                   |
| Bubonic Plague    | Campylobacteriosis            |
| Cryptosporidiosis | External Parasitic Infections |
| Giardiasis        | Leptospirosis                 |
| Lyme Disease      | Nematode Infection            |
| Pateurellosis     | Rabies                        |
| Salmonellosis     | Toxoplasmosis                 |

\*\*Additional information will be provided at orientation

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**IMPORTANT-PLEASE READ CAREFULLY BEFORE SIGNING**

1. I understand that the WMASS has the right to refuse or revoke membership for reasonable cause. I further understand that continued membership is contingent up following all WMASS policies and procedures.
2. I understand that I will not qualify for voting membership until the required one-year training/probationary period is satisfactorily completed. Voting status also requires a minimum commitment of 16 hours or more per month, meeting attendance, and assistance with fundraising events.
3. I fully understand the hazards of working with animals, and the possibility of injury or disease transmission to myself or my pets while performing any duties for the WMASS. In the event of any injury or illness, I agree to pay for all medical and other costs in their entirety.
4. I understand the increased potential of exposure to rabies and tetanus. As part of my preventative care program, I agree to discuss these issues with my private physician, including discussing a current tetanus inoculation.
5. I am in good physical health and am able to handle the tasks assigned to me as a volunteer for the WMASS. I have listed any medications or health problems on the opposite side of this Agreement and Application.
6. I waive my right to legal action against the WMASS and the Township of West Milford.
7. I certify that I am 18 years of age or older, or, if under 18 years, I understand that I do not qualify for voting membership status. I further understand that as a minor, my parent or legal guardian, whose signature appears below, is responsible for my actions while performing my volunteer duties for the WMASS.
8. I understand that my volunteer duties will not commence until I have satisfactorily completed the appropriate training/orientation programs established by the WMASS.

**FOR ALL VOLUNTEERS:**

-----  
signature

-----  
date

-----  
please print name

**FOR VOLUNTEERS UNDER 18 YEARS OF AGE;**

As parent or legal guardian of the above named minor, I certify that I have read and agree to the above terms.

-----  
signature of parent or legal guardian

-----  
date

**FOR SHELTER STAFF ONLY**

----- Date Application Received

----- Date of Interview

----- Date of Initial Orientation

----- Start Date

----- Date Received Handbook

----- Date Received By-Laws

----- Date Received Keys

----- Date Returned Keys

----- Received By

-----Interviewed By

----- Orientation By

----- Voting Eligibility Date

----- Given By

----- Given By

-----Given By

----- Received By