



**I wish to volunteer in the following area(s):**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Pet Grooming</b>      | <input type="checkbox"/> <b>Fund Raising/Special Events</b> |
| <input type="checkbox"/> <b>Dog Walking</b>       | <input type="checkbox"/> <b>Maintenance Work</b>            |
| <input type="checkbox"/> <b>Pet Socialization</b> | <input type="checkbox"/> <b>Webpage Maintenance/Design</b>  |
| <input type="checkbox"/> <b>Clerical Work</b>     | <input type="checkbox"/> <b>Custodial Services</b>          |
| <input type="checkbox"/> <b>Adoption Outreach</b> | <input type="checkbox"/> <b>Other: _____</b>                |

By my signature below I agree to the following:

I authorize the release of reference information and verification of the facts set forth in my application for Volunteering.

My service as a Volunteer is by mutual consent and may be separated by the Bloomfield Township Department of Health & Human Services or myself, at any time with or without cause. I understand that while serving as a Volunteer, I will abide by all organization rules, regulations and policy and procedures.

I understand that failure to carry out the responsibilities of a Volunteer or conduct myself in a manner other than in the best interest of the Bloomfield Township Department of Health & Human Services, Animal Shelter or residents is grounds for immediate separation.

I understand that I may be in contact with animals which may be ill or which have had varying experiences or degrees of exposure to humans. I knowingly accept the risks, including personal injury, associated with working with animals. I agree to hold harmless the Board of Health, Department of Health & Human Services, Bloomfield Animal Shelter, Township of Bloomfield, its officers, employees, servants and agents against all injuries, losses, claims, suits, liabilities, judgments, costs and expenses, including attorney's fees which may result from my work as a Volunteer.

I have no physical ailments that would prevent me from performing the volunteer duties that I have expressed an interest in.

I am at least 18 years old, and understand that I may not volunteer until properly trained and oriented to the Shelter and its policy and procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, or status.

Please mail or fax completed applications to:

Bloomfield Township  
Department of Health & Human Services  
1 Municipal Plaza, Room 111  
Bloomfield, NJ 07003

(Fax) 973-680-4825

