



# The National Foundation for Animal Rescue

P.O. Box 565 • Saddle River • New Jersey 07458

## Volunteer Application

### CONTACT INFORMATION:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, Please provide the name your parent's/guardian's contact information:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### ANIMAL EXPERIENCE:

Do you currently own any animals: \_\_\_\_\_ If yes, type, breed, age, sex etc: \_\_\_\_\_

Where are they kept during the day: \_\_\_\_\_ Night: \_\_\_\_\_

Are they altered: \_\_\_\_\_ Are they licensed: \_\_\_\_\_ Are they current on their shots: \_\_\_\_\_

Have you ever been an animal breeder, dealer or broker: \_\_\_\_\_

### OPPORTUNITIES:

Please check any of the volunteer opportunities in which you would be interested in participating (check all that apply):

Cat Foster \_\_\_\_\_ Dog Foster \_\_\_\_\_ Cat Feeder \_\_\_\_\_ Provide Transportation \_\_\_\_\_ TNR (Humane Trapping) \_\_\_\_\_ Assisting w/ Adoptions \_\_\_\_\_

Fund Raising \_\_\_\_\_ Photography \_\_\_\_\_ Professional Services (Please explain) \_\_\_\_\_

Other: \_\_\_\_\_

What time are you available: Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_ Flexible \_\_\_\_\_

### OTHER:

Have you or any member of your family ever been an employee/volunteer for another animal humane agency, animal rescue group, or animal shelter:

If yes, please list: \_\_\_\_\_

If you are still affiliated with this (these) group(s) what is your involvement: \_\_\_\_\_

### AGREEMENT:

I understand that I am a volunteer for The National Foundation for Animal Rescue. I will provide my own transportation and health insurance, and hereby agree not to hold NFFAR or any of its volunteers, associates, coordinators or foster care providers liable for any physical, emotional or property damages that are a direct or indirect result of activities involved in the placement, transport, or evaluating of the animals in any way associated with NFFAR. This includes any and all activities I perform as a NFFAR volunteer.

X \_\_\_\_\_  
Signature of Volunteer / Parent or Guardian

X \_\_\_\_\_  
NFFAR Representative