



# FOCAS

10/13

Friends of the County Animal Shelter, Inc.  
PO Box 439, Hasbrouck Heights, NJ 07604

A 100% volunteer non-profit organization founded in 1984 to promote the general welfare and natural conservation, protection and preservation of all species of animals

## Volunteer Application

(All volunteers must be 18 years old or older.)

Your interest in being a **FOCAS** volunteer is very much appreciated. As a non-profit organization, your support and participation will help insure that **FOCAS** can continue its ongoing commitment to the well-being of animals. Please indicate which activity/activities would make the best use of your interest, time, talent or professional expertise. When complete, please return this application to the above address. You will be contacted thereafter. Participation in one **FOCAS** flea market & event activity per year required.

- Adoptions Assist the public at the shelter in selecting a suitable pet for adoption.
- Adoptions Assist **FOCAS** at off-site locations in finding suitable adopters. This includes transport of animals to and from adoption sites, set-up and adoption counseling.
- Dog Handling Exercise, socialization and basic training of dogs. (**skills assessment, training and certification for six consecutive weeks are mandatory to qualify for this program**)
- Cat Handling Pet, brush and socialize cats at the shelter.
- Foster Care Participate in **FOCAS** foster care program to provide temporary in-home care for infant animals or animals with medical or special needs. Time commitment usually is 2 – 4 weeks..
- Greeter Greet the public at the shelter, provide basic shelter information and check for proper identification.
- Rabies Clinic Assist in filling out rabies forms for owners bringing their pets to BCAS for inoculation.  
Hours: 2<sup>nd</sup> and 4<sup>th</sup> Thurs of each month; 4:00-5:30PM.
- Transportation Transport animals to approved rescue and grooming facilities, as needed. (Copy of driver's licenses required for the **FOCAS** file.)
- Help Line Return calls from your home for inquiries made to Help Line regarding **FOCAS'** low-cost spay/neuter program for feral/stray cats and provide information on low cost spay/neuter programs for owned pets.
- Fund Raising Assist in fund raising such as flea market, raffles and/or auctions (set-up, selling, baking, crafts).
- Grant Writing Assist in applying for grants or seeking corporate support/sponsorship for **FOCAS**.
- One Time Events Assist with annual events like cat show, dog show, Mrs. Claus, Blessing of the Animals.

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Animals that I have a specific interest in working with are (check all that apply):

dogs  cats  rabbits  guinea pigs  rats/hamsters/mice  birds  reptiles

Yes  No My employer participates in matching funds programs for non-profit charitable organizations.

I understand that along with my application for volunteer membership in **FOCAS**, I will submit a \$25 membership fee annually to **FOCAS**. This nominal fee helps offset the costs of a t-shirt, volunteer mailings, and ongoing educational opportunities and materials. I also understand that upon acceptance of my application, I must attend a new volunteer orientation session and receive an official name badge, before becoming actively involved in any volunteer activities.

Please answer **ALL** of the following questions: ( **Be sure to PRINT legibly.** )

1. Do you have a valid New Jersey driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

2. In case of an emergency, please specify a person whom we should contact.

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

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

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

3. Do you have allergic reactions to specific animals? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

4. Do you have a medical condition we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please specify: \_\_\_\_\_

5. Please list any organizations that you are or have been actively involved in.

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Please read the following statements. They constitute the conditions under which you would be volunteering with **FOCAS**.

1. It is recommended that **FOCAS** volunteers handling animals receive a series of pre-exposure rabies vaccinations to protect them in case of being bitten by a rabid animal. The volunteer must make their own arrangements through their physician. If a volunteer does not wish to receive rabies vaccinations, the volunteer must sign a waiver, releasing **FOCAS** and/or any animal shelter or refuge where his/her services for **FOCAS** are given, from any responsibility and agrees to assume all of his/her medical costs, if a rabies incident occurs. **Before this application can be accepted, FOCAS must have a waiver or proof of vaccination for rabies.**

2. I certify that all information provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omissions of facts called for in the application may result in a denial of a volunteer opportunity or dismissal from **FOCAS**.

3. I understand that if I am selected as a volunteer, I am devoting my time to **FOCAS** on a voluntary basis and primarily for my own benefit. I am serving with no contemplation of compensation for my services.

4. I agree to abide by all rules and regulations of **FOCAS** and, if my volunteer activities are performed at a shelter or animal refuge, I agree to abide by all rules and regulations that shelter or refuge may adopt from time to time. I give **FOCAS** my permission to investigate all pertinent information and references concerning my volunteer application. And, I release **FOCAS** and/or any shelter or refuge where my services for **FOCAS** are given from all liability for any damage, both legal and otherwise, for issuing this information.

5. I hereby release **FOCAS**, any shelter or refuge where my services for **FOCAS** are given from all losses, damages and claims of any kind arising out of my own negligence or misconduct.

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

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Applicant Information:

Name: \_\_\_\_\_ email Address: \_\_\_\_\_

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

( Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ Zip) \_\_\_\_\_  
Tel. (Home) \_\_\_\_\_ Tel. (Work) \_\_\_\_\_ Tel. (Cell) \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_