



# VOLUNTEER APPLICATION



BERGEN COUNTY ANIMAL SHELTER AND ADOPTION CENTER

100 United Lane, Teterboro NJ 07608

201-229-4600

shelter@co.bergen.nj.us



I am at least 18 years old (please check box)

Today's Date \* \_\_\_\_\_

Name \* \_\_\_\_\_ DOB\*: \_\_\_\_\_

Full Address \* \_\_\_\_\_  
(Address, City, State, Zip)

Primary Phone Number \* \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Email \* \_\_\_\_\_

*The Bergen County Animal Shelter uses email as its **primary** method of communicating with our volunteers. If you cannot check your email at least once a week, you may miss out on important updates, events, or opportunities. **Please double check to make sure your email address is legible!***

I am currently:  Employed full time  Employed part time  Student -full time  Student part time

Unemployed  Stay at home Mom  Stay at home Dad  Retired

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

**Emergency Contact\*** \_\_\_\_\_

Relationship to Volunteer\* \_\_\_\_\_

Emergency Contact phone number \* \_\_\_\_\_

*\*Denotes a mandatory field*

## INTEREST & AVAILABILITY

**What area/s are you interested in volunteering\*?** There is no such thing as a “less important” job at our Shelter. Every volunteer position helps to further our Shelter’s mission to provide excellent care for pets in our shelter, maintain clean animal areas, keep animals physically healthy, safe, socialize appropriately and adopt pets into loving forever homes.

*Please select any of the boxes below that you are interested in doing volunteer work:*

<input type="checkbox"/> Cats Socializer <input type="checkbox"/> Dog Walker <input type="checkbox"/> Thursday Night Dog Training Classes <input type="checkbox"/> Meet and Greets for Cats <input type="checkbox"/> Foster Program for Kittens	<input type="checkbox"/> Small Domestic Socializing <input type="checkbox"/> Office Work <input type="checkbox"/> Cleaning- Laundry and Dishes <input type="checkbox"/> Other: _____
---	---

**Please tell us how often you are able to commit to volunteering at BCASAC. What days and times are you available?**

NOTE: *The shelter is open for volunteers every day from 1pm to 4:45pm*

<input type="checkbox"/> Monday: _____ <input type="checkbox"/> Tuesday: _____ <input type="checkbox"/> Wednesday: _____ <input type="checkbox"/> Thursday: _____	<input type="checkbox"/> Friday: _____ <input type="checkbox"/> Saturday: _____ <input type="checkbox"/> Sunday: _____ <input type="checkbox"/> <b>SEASONAL:</b> _____
--	---

**What types of animals are you CURRENTLY comfortable handling?**

<input type="checkbox"/> Small Dogs <25lb <input type="checkbox"/> Med Dogs: 25 -50 lbs <input type="checkbox"/> Large Dog : > 50 lbs <input type="checkbox"/> Social Cats <input type="checkbox"/> Timid or Feral Cats	<input type="checkbox"/> Guinea pigs <input type="checkbox"/> Rabbits <input type="checkbox"/> Reptiles <input type="checkbox"/> Birds <input type="checkbox"/> Other :
---	---

7. What are your feelings on euthanasia in shelters?

---

**Euthanasia Disclosure** - BCASAC is a no-kill shelter that adheres to the guidelines of the Asilomar Accords. Under these guidelines there are times when it is a necessity to humanely euthanize an animal in our care with untreatable or unmanageable medical issues, and/or behavior issues that cannot be modified. There are times when an animal you are working with needs to be euthanized for one of these reasons. We count on our volunteers for many things involving the care of our animals, and each one of you is an asset to us. We want volunteering at BCASAC to be an enjoyable experience for the animals and for you. If euthanasia is something that you don't think you can deal with, we understand, but then volunteering at the BCASAC facility may not be right for you.

---

- I have read, understand, and am able to comply with BCASAC's euthanasia policy.
  - I have read, understand, and am **NOT** comfortable with BCASAC's euthanasia policy. I will **NOT** be able to volunteer on site at BCAS.
- I agree to a drug screening test and background check prior to volunteering at BCASAC.
- I understand this application does not guarantee my acceptance into the BCASAC volunteer program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**COUNTY OF BERGEN**  
 One Bergen County Plaza • Hackensack, NJ 07601-7076  
 (201) 336-6375 • FAX (201) 336-6384

**VOLUNTEER APPLICATION**  
 (Please complete grey areas)

Name: \_\_\_\_\_  
 (Please Print)

Address: \_\_\_\_\_  
 (Please Print)

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth (Required if under age 18): \_\_\_\_\_

The above person wishes to do volunteer work for the County of Bergen for the following program:

\_\_\_\_\_

**LIABILITY WAIVER OF INJURY**

As the volunteer or the guardian of the volunteer named above,  
 I, \_\_\_\_\_, do hereby give my full consent and approval for  
 (Please Print)

my participation or the participation of my son/daughter/dependent, as a volunteer in the activity designated above. I understand and agree to assume full responsibility for any and all bodily injury, personal injury, and property damage that I, or the named individual for whom I serve as guardian, may sustain in the course of our volunteer work, whether it is the result of our actions, the actions of the County of Bergen, or any volunteer, agent, official, or employee of the County of Bergen. I further agree to Release and Hold Harmless the County of Bergen, from any volunteer, agent, official, or employee of the County of Bergen from any and all claims for injury or damage suffered by me, or the named individual for whom I serve as guardian.

I understand that by signing this waiver, I am giving up my right to sue any employee, volunteer, or the County of Bergen, or any divisions of the County of Bergen for injuries I sustain in the course of my volunteer work.

I understand that the County of Bergen carries an accident policy, applicable to volunteers, with limits of \$10,000.00 principal sum and \$5,000.00 maximum accident medical

expense, with coverage subject to the terms and conditions of the policy, a copy of which may be viewed upon request. I further understand that I am holding the County of Bergen, and any volunteers, employees or the County of Bergen harmless beyond the limits provided for in the Volunteer Accident policy, which will limit my recovery in any case where I am injured to a maximum recovery of \$10,000.00 and \$5,000.00 medical expense payments, subject to the terms and conditions of the policy.

I am aware that I have the right to have this waiver form reviewed by an attorney if I choose.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Volunteer

Parent/Guardian of Volunteer (If under age 18), \_\_\_\_\_

I, the undersigned, further authorize \_\_\_\_\_, to do the following:

1. Use the above-named participant's name in any and all media for publicity purposes.

X \_\_\_\_\_ Date \_\_\_\_\_  
(Participant or Guardian's Signature)

2. Use the above-named participant's photographs in any and all media for publicity purposes.

X \_\_\_\_\_ Date \_\_\_\_\_  
(Participant or Guardian's Signature)

3. Make an audio/visual tape including the above-named participant for publicity/training purposes.

X \_\_\_\_\_ Date \_\_\_\_\_  
(Participant or Guardian's Signature)

Department of \_\_\_\_\_ Representative \_\_\_\_\_

## BERGEN COUNTY VOLUNTEER

### CONFIDENTIALITY/NON-DISCLOSURE AGREEMENT

*(Note: Existing department/agency-specific confidentiality agreements that contain the below terms may be utilized in lieu of this form)*

As a volunteer with the County of Bergen, you may have access to or become aware of information that is considered confidential in nature. This information includes, but is not limited to, employee information, patient information, and other client information. The County of Bergen must abide by certain Federal and State laws that protect this information. Accordingly, in order to protect Confidential Information from disclosure, the VOLUNTEER agrees as follows:

VOLUNTEER will hold the Confidential Information received during the course of service at the County of Bergen in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others.

VOLUNTEER will not disclose or divulge either directly or indirectly the Confidential Information to others unless first authorized to do so in writing by an authorized representative of the County of Bergen.

VOLUNTEER will not reproduce the Confidential Information for any use or purpose other than as required for the appropriate performance of his/her services for County of Bergen.

VOLUNTEER will, upon request or upon termination of his/her relationship with the County of Bergen, deliver to the County of Bergen any notes, documents, equipment, and materials received from the County of Bergen or originating from his/her volunteer activities for the County of Bergen.

The County of Bergen reserves the right to take disciplinary action, up to and including termination of this volunteer relationship for violation of this agreement.

Signing below signifies that the VOLUNTEER agrees to the terms and conditions of this agreement stated above.

---

Print Name

---

Signature

Date: \_\_\_\_\_

County of Bergen  
Department of Administration and Finance  
Division of Personnel

**Acknowledgment of Receipt**

**County of Bergen**  
**Anti-Harassment/Anti-Discrimination Policy**  
*Last Amended: March 2022*

\_\_\_\_\_  
Employee Last Name, Employee First Name

\_\_\_\_\_  
Employee Title

\_\_\_\_\_  
Division Name

\_\_\_\_\_  
Department Name

I certify that I have received a copy of the *County of Bergen Anti-Harassment and Anti-Discrimination Policy*, amended March 2022.

I recognize and understand that I am responsible for complying with these policies and procedures.

I recognize and understand that as an employee of the County of Bergen, I am also responsible for reporting any witnessed harassment in accordance with the policy.

I further agree to abide by the standards set in this Policy for the duration of my employment with the County of Bergen, and am aware that this Policy may be amended from time to time. I am aware that violation of this Policy may subject me to disciplinary action, up to and including discharge from employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Signature of Preparer/Translator OR Parent (if applicable):**

Preparer/Translator

Parent

\_\_\_\_\_  
Preparer/Translator or Parent Signature

\_\_\_\_\_  
Date



COUNTY OF BERGEN  
DEPARTMENT OF ADMINISTRATION AND FINANCE  
PERSONNEL DIVISION

One Bergen County Plaza – 3rd Floor – Hackensack, NJ 07601-7076  
OFFICE: (201) 336-6375 • FAX: (201) 336-6384

James J. Tedesco III  
County Executive

Ellen Busted  
Director of Personnel

COUNTY OF BERGEN  
Annual Anti-Harassment/Anti-Discrimination Training Program

Acknowledgement of Receipt of Anti-Harassment & Discrimination Policy

By signing this form, I acknowledge that I have read and am in receipt of the County's Anti-Harassment/Anti-Discrimination Policy. I understand that upon my hire, I will have 60-days to complete the **Annual Anti-Harassment/Anti-Discrimination Training Program** (if applicable).

Name: (Print Legibly) \_\_\_\_\_ Signature: \_\_\_\_\_

Witness.: \_\_\_\_\_ Date \_\_\_\_\_



County of Bergen  
Department of Administration and  
Finance Division of Personnel

**Acknowledgment of Receipt**

**Substance Abuse in the Workplace**  
*January 19, 2023*

\_\_\_\_\_  
Employee Last Name, Employee First Name

\_\_\_\_\_  
Employee Title

\_\_\_\_\_  
Division Name

\_\_\_\_\_  
Department Name

I certify that I have received a copy of the *Substance Abuse in the Workplace Policy*, dated January 19, 2023.

I have read it and understood it, and I acknowledge that, as a County employee, I must comply with its terms.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Signature of Preparer or Translator (if applicable):**

\_\_\_\_\_  
Preparer/Translator Signature

\_\_\_\_\_  
Date

Client Name- \_\_\_\_\_

Acc. # \_\_\_\_\_

1

## BACKGROUND SEARCH RELEASE AUTHORIZATION

Please Print Clearly (All fields must be completed in order to process application)

NAME \_\_\_\_\_

PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIOR ADDRESS (List all from past 7 years including dates, use back if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

STATE \_\_\_\_\_

In connection with future or current employment with **Bergen County** (the "Company") I understand that the Company will order a "consumer report" (a background report) on me. I also understand that if I am hired or I already work for the Company, it may order additional background checks on me for employment purposes. ApplicantSafe, the background check company, will prepare the background report for the Company. ApplicantSafe is located at 428 Clifton Avenue, Suite 166, Lakewood, NJ, and can be reached at 732-942-1331.

I understand that the background report may contain information concerning criminal, motor vehicle, address, employment, educational and credit history, social security number verification, licensing and certification checks. The information may be obtained from private and public record sources, including personal interviews with associates, friends and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.) I understand that I may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 732-942-1331, and that I will also be provided A Summary of Your Rights Under the Fair Credit Reporting Act either with this form or if I receive a letter from the Company advising me that it may have to take an adverse action against my application based in whole or in part on the content of the background report. I am aware that the Summary of Rights under the Fair Credit Reporting Act outlines my rights in dealing with consumer reporting agencies. I understand that I have the right to request in writing, within a reasonable time, complete and accurate disclosure of the nature and scope of information requested and that I will receive such disclosure within 5 days of the date the report was first requested or within 5 days of the date I requested a copy, whichever date is later.

I hereby authorize ApplicantSafe, its/their respective Agents, third party Representatives, designated persons or other entity to make any and all inquiries deemed necessary to any Federal, State, County or Local agency, to include and criminal court(s), any law enforcement agency or department, any other person(s), business entity, educational institution, employer or previous employer, financial credit agency, company or other organization(s) to verify and confirm any information or statements given to my prospective employer or provided in connection with this application for employment or other information developed in connection with this application for employment, to otherwise determine qualifications and abilities to the satisfaction of the Company. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports during my employment without asking me for my authorization again as allowed by law. *A facsimile or photocopy of this acknowledgement and release is acceptable in lieu of the original document.*

I understand the Company, in its sole discretion, may reject this application for employment or rescind any offer at any time for any false, misleading, incomplete and/or intentional misinformation given or provided to ApplicantSafe or my prospective employer, their agents or representatives. Similarly, this provision relates to any person, firm or other third party designee(s) and agent(s) included as part of any offer of employment established in conjunction with a complete background investigation by ApplicantSafe. These provisions apply to all government agencies and their personnel. Inquiries may be made by law enforcement agencies, public record(s) or information obtained, or other inquiries made, where deemed appropriate by ApplicantSafe or the Company, its agent(s) and representative(s), as discussed herein, or as part of any other papers submitted or obtained by ApplicantSafe.

**STATE -SPECIFIC NOTICES**

Note to employees/applicants working for the Company in any of the following States:

**CALIFORNIA:** You may view and/or order a copy of ApplicantSafe's file on you upon submitting proper identification and paying copying costs, by visiting their offices during normal visiting hours and on reasonable notice, or by mail. You may also request a file-summary by phone. ApplicantSafe can answer your questions about information in your file, including any coded information. If you visit in person, another person with proper identification may accompany you.

**MAINE:** You have the right to ask whether the Company ordered an investigative report about you. You may request the name, address and telephone number of ApplicantSafe's nearest office and you will receive that information within 5 business days of our receipt of that request. You may request a free copy of the report from ApplicantSafe.

**MARYLAND:** If the Company obtains your credit history information, it will use it to evaluate whether you present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MASSACHUSETTS/NEW JERSEY:** Upon submission of a written request, you have the right to know whether the Company ordered an investigative consumer report from ApplicantSafe. You may inspect and order a free copy by contacting ApplicantSafe.

**MINNESOTA:** Upon submission of a written request, you have the right to obtain from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

**NEW YORK:** You have the right, upon submission of a written request, to know whether the Company ordered a consumer report or an investigative consumer report from ApplicantSafe and to get ApplicantSafe's name and address. You may inspect and order a free copy of the reports by contacting ApplicantSafe. A copy of Article 23A of the New York Correction Law is provided with this form.

**OREGON:** If the Company obtains your credit history, it will use it to evaluate whether you present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**WASHINGTON STATE:** You are entitled, upon submission of a written request, to a complete and accurate disclosure from the Company of the nature and scope of the investigative consumer report ordered, if any. You may also ask ApplicantSafe for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information regarding your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MINNESOTA & OKLAHOMA Residents please note:** In connection with your application for employment/service, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

**The above is understood and agreed by:**

**Name:** \_\_\_\_\_  
(Print) (FIRST) (MIDDLE) (LAST)

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# VOLUNTEER

## PRE-EMPLOYMENT

Department of Administration and Finance / Division of Personnel, Room 321



Date of Corporate Wellness Testing: \_\_\_/\_\_\_/\_\_\_

TIME: \_\_\_\_\_ AM / PM - Emails Sent to Applicant & On Calendar?

APPLICANT NAME: \_\_\_\_\_ Tel#: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Department/Division/Union: **ANIMAL SHELTER**

### Corporate Wellness Testing

Drug Test      Y

### Notes:

## *Document Checklist*

### **POLICIES & RECEIPTS:**

- Anti-Harassment/Discrimination & 60 Day Training Receipt
- Background Check Authorization Form
- Substance Abuse in the Workplace Policy & Policy Receipt
- Volunteer Application & Bergen County Volunteer Confidentiality/Non-Disclosure Agreement

**\*DRUG-SCREENING:**  Consent Form     Custody Form

Testing/Check Type	Scheduled/Requested Date	Date of Receipt
Drug Testing		Drug: