



*Township of*  
*Pequannock*  
530 NEWARK-POMPTON TURNPIKE  
POMPTON PLAINS, N.J. 07444

Tel: (201) 835-5700

Fax: (201) 835-1152

VOLUNTEER PROGRAM PEQUANNOCK TOWNSHIP

ANIMAL CONTROL PROGRAM

AGREEMENT AND RELEASE TO PARTICIPATE

1. I am requesting Pequannock township to allow me to participate as a volunteer in its animal control program. I understand that there are potential discomforts and hazards involved in handling dogs and cats. I am requesting participation in this program entirely on my own initiative and assume all risks and responsibilities connected therewith.
2. In consideration of Pequannock Township's permitting me to participate in its Animal Control Program I agree:
  - a. not to raise any claim or to institute any legal action, on my behalf against Pequannock Township, for any cause of action which may arise out of or in connection with the Animal Control Program at Pequannock Township, such as any injury to me (including death) or any damage to my property,
  - b. to release and discharge Pequannock Township from any liability or responsibility for any loss, injury, or damage sustained by me arising from or in connection with the Animal Control Program at Pequannock Township.
  - c. to indemnify Pequannock Township and hold it safe and harmless from and against any expense (including attorney's fees), claim or cause of action asserted by me, or on behalf of me by any other person against Pequannock Township.
3. I understand that all references to Pequannock Township on this form shall include, and all provisions of this form shall also be for the benefit of its directors, employees, agents, servants, and representatives.
4. I understand that Pequannock Township reserves the right to withdraw its permission for me to participate in the Animal Control Program at Pequannock Township at any time for any reason without incurring any liability.

## PEQUANNOCK TOWNSHIP ANIMAL SHELTER

### SHELTER PROTOCOL

ALL VISITORS, VOLUNTEERS AND STAFF ARE REMINDED TO ABIDE BY THE FOLLOWING:

- No one, including volunteers, may be present in the shelter unless a shelter employee is present
- Volunteers must budget their time in accordance with shelter hours and the schedule set by shelter employees. When instructed to do so, please complete tasks and exit the building in a timely manner.
- Please do not answer the phone unless instructed to do so by a shelter employee. If you are told to answer the phone, please take a written message. Only shelter employees should give out specific information about the animals.
- Animals are to be shown by shelter employees only. Please do not show animals unless instructed to do so by a shelter employee.
- Adoption of animals to be conducted by shelter employees only. Please do not interfere with adoptions.
- Please ask first before taking any animal out of their cage/kennel.
- Only one animal should be allowed out of their cage/kennel at a time, especially cats. NO EXCEPTIONS. Animals are to be supervised at all times when out of their cage/kennel.
- Please do not allow shelter animals to come in contact with other animals in or outside of the shelter.
- Please be sure to wash your hands after handling an animal and before interacting with any other animals.
- Please ask first before walking dogs – check with shelter personnel as to what type of collar/leash may be used. When walking dogs, please remember to poop-scoop.
- Please ask first before feeding animals. When feeding and cleaning, please be sure to check what type of food/how much, what type of litter, bedding, etc. should be used. If in doubt – ask first.
- Please respect the decisions made and the actions taken by the Shelter Manager and shelter employees. They have been given the responsibility and authority to make and carry out decisions in the best interest of the animals, the shelter, and the public.



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VOLUNTEER RELEASE AGREEMENT FORM  
PEQUANNOCK ANIMAL CONTROL PROGRAM

5. I agree to abide by all rules and regulations of Pequannock Townsh:
6. I understand that Pequannock Township's permission for me to participate is conditioned upon compliance with and agreement to the above provisions.

PRINT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS SIGNATURE IF UNDER 18. \_\_\_\_\_ AGE: \_\_\_\_\_

PEQUANNOCK TOWNSHIP REPRESENTATIVE \_\_\_\_\_  
SIGNATURE TITLE

DAYS AVAILABLE TO VOLUNTEER \_\_\_\_\_

TIMES AVAILABLE \_\_\_\_\_

EXPERIENCE OR SKILLS YOU COULD SHARE \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
NAME PHONE

ALL CONDITIONS OF VOLUNTEERS ARE SUBJECT TO A ONE MONTH TRIAL  
PERIOD SUBJECT TO APPROVAL BY ANIMAL CONTROL STAFF.

DATE: \_\_\_\_\_