

# Somerset Regional Animal Shelter Volunteer Application

Please complete and email the application to [kathyh@fosras.com](mailto:kathyh@fosras.com)

or mail to:  
FOSRAS – Volunteer Coordinator  
PO Box 8073  
Bridgewater, NJ 08807

**Our Mission Statement:** We, the Somerset Regional Animal Shelter, care deeply about the comfort and rights of animals and citizens within our area. As such, we strive to enhance the relationship between people and animals through education, to control the pet population through responsible advocacy, and to provide sanctuary for unwanted, lost and neglected animals.

Please print

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Birthdate: \_\_\_\_\_ Under 18: Y/N

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_

Cell / Work / Other Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

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

Their Home Phone: \_\_\_\_\_

Their Work/Other Phone: \_\_\_\_\_

## VOLUNTEER LIABILITY RELEASE

I, the undersigned volunteer, state that I am an adult 18 years of age or older and will serve as a volunteer for the Shelter without compensation. I understand and acknowledge that volunteering for the Shelter involves a risk of injury or loss, including bodily harm, property damage or death, and may include work or physical activity that may be hazardous to my health and well-being, including but not limited to contact with animals.

I hereby expressly and specifically assume all risk of injury or loss that may arise out of my participation as a volunteer for the Shelter. I hereby release, discharge and waive any and all claims, actions or lawsuits of any kind that I may have, known or unknown, against the Shelter, its agents, directors, officers, servants, and employees, and FOSRAS, its Board, members and volunteer workers as a result of any injuries, loss or damages, including death, received or sustained by me as a result of my performance of volunteer services on Shelter property or off-site as a Shelter representative. The representations, conditions, and commitments contained in this instrument are binding upon my heirs, next of kin, and personal representatives.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent or Guardian if under 18)

\_\_\_\_\_  
Date