



## Volunteer Application

### Town of Islip Animal Shelter

210 S. Denver Ave., Bay Shore, NY 11706  
Phone: 631-224-5660 FAX: 631-224-5787  
Email: [animalshelter@islipny.gov](mailto:animalshelter@islipny.gov)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
street state zip

Phone: \_\_\_\_\_  
cell home

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

### Emergency Contact Information - Please list 2 (two) contacts.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please list any allergies that you may have: \_\_\_\_\_

### Areas of Interest

What volunteer duties are you interested in? \_\_\_\_\_ Dog Walker \_\_\_\_\_ Cat Cuddler

How did you hear about the Islip Animal Shelter? \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type and how many? \_\_\_\_\_

Please list any previous experience with animals and/or do you have any affiliation with any humane organization or rescue group? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Volunteer Application

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

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

## Availability

What days of the week are you available to volunteer? Please note specific times.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 am						
10:00am						
11:00am						
12:00pm						
1:00pm						
2:00pm						
3:00pm						



**Town of Islip Animal Shelter**  
**Volunteer Release of Liability and Agreement to Indemnify**

I, \_\_\_\_\_ in consideration of the opportunity to perform volunteer services with the Town of Islip Animal Shelter (herein after referred to as TOIAS) the undersigned for himself/herself and his/her heirs and representatives voluntarily and knowingly execute this document and expressly waives any and all rights and do hereby release and forever discharge, on behalf of myself or my child, any and all manner of action, suits, proceedings, damages claims, demands and causes of actions including without limitation those involving bodily injury, sickness or property to the undersigned or undersigned's child (family) \_\_\_\_\_ DOB \_\_\_\_\_ while said volunteer is engaged directly or indirectly in performing volunteer services for the TOIAS.

The undersigned hereby agrees to indemnify, defend and hold the Town of Islip, TOIAS, its employees, volunteers and supervisors harmless from any and all liability, damage, loss, cost and expense jointly or individually, for the bodily injury or property damaged suffered as a result of the undersigned's negligent, reckless or willful act, omission in the performance or failure to perform his/her volunteer services. This liability release form is executed without any reliance upon any representation by any person and the undersigned has carefully read and understands the contents of this release from and executes the same as his or her own free act. The undersigned agrees his/her participation in this program is purely voluntary and therefore under no circumstances will he/she be deemed an employee/agent of the Town of Islip. Additionally he/she understands that as a volunteer he/she is not covered by workman's compensation insurance/benefits or any other insurance policy for any damages or injuries sustained during volunteer services. In the event that any of the terms, conditions, and/or covenants in this release form is held to be invalid, such invalidity shall not affect any terms. Conditions and/or covenants contained herein which shall remain in full force and effect.

_____ Volunteer signature	_____ date	_____ Supervisor signature	_____ date
_____ print name		_____ street address	_____ town
		_____ phone	

**Emergency Contact Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

State of New York )  
County of Suffolk ) SS:  
Town of Islip

Sworn to before m this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary signature)

I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and an agreement between myself and the Town of Islip and sign it of my own free will.

# Town of Islip Animal Shelter Volunteer Service Agreement

Name of Volunteer \_\_\_\_\_  
(please print)

The Town of Islip Animal Shelter agrees to:

- To review and address issues and concerns in a timely fashion.
- As much as possible, provide a safe and wholesome working environment.
- Direct the affairs of the department in a manner enhancing the benefit of the animals in our care and the mission of our department.

As a volunteer for the Town of Islip Animal Shelter, I acknowledge receipt of this agreement and agree to comply with all of the following policies and procedures.

I agree to:

- Adhere and abide by all department policies, procedures and follow instructions set down by the TOIAS Supervisor inclusive of any subsequent amendments.
- Be supervised by the Shelter Supervisor or designee and will work as a team member with all volunteers.
- Respond to any requests to meet with shelter management.
- Understand the function of shelter employees and the role of volunteer within the department and to follow the proper chain of command.
- Have a cooperative behavior with other volunteers or shelter staff.
- Fulfill my volunteer duties in a proficient and professional manner, including maintaining an accurate record of hours worked in the volunteer log, and to maintain confidentiality of shelter business.
- Agree that when I'm acting in the capacity as a shelter volunteer to be properly attired. This means, at minimum, I will wear a shirt, shorts or pants, and footwear that properly protect both feet.
- Use assigned equipment in an appropriate and safe manner at all times.
- Provide in writing concerns, issues or complaints to the Shelter Supervisor.
- Report to the Shelter Supervisor any condition(s) at the shelter, which you feel unsafe (frayed electric cords, slippery surfaces, tripping hazards, etc.).
- Make no contact with the print, audio or visual media regarding activities within shelter unless authorized by the Shelter Supervisor.
- Observe and comply with policies and procedures described within the volunteer manual as well as any and all postings of policy at the TOIAS.
- Not have any discourteous or abusive language or behaviors to other volunteers, shelter staff or the public.
- Provide notice to the shelter with any change of personal information (name, address, phone, etc.).
- Abide by established procedures and immediately report any injury that occurs during my volunteer service to the supervisor and to complete any required injury associated forms.
- Defend and hold the Town of Islip Animal Shelter harmless for any injuries or loss of damages which may occur during my volunteer service.



# Town of Islip Animal Shelter Volunteer Service Agreement

Name of Volunteer \_\_\_\_\_  
(please print)

I understand that I can be discharged from my volunteer activities for violation of any of the described policies or procedures. As a volunteer, I understand that I may discontinue my services with or without reason, and that the Town of Islip Animal Shelter reserves the right to release any volunteer without reason.

I have read and I understand the above. Anything that was not clear to me was explained and understood.

\_\_\_\_\_  
(Volunteer signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Supervisor signature)

\_\_\_\_\_  
(date)

State of New York )  
County of Suffolk ) SS:  
Town of Islip

Sworn to before m this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary signature)

\_\_\_\_\_



# Town of Islip Animal Shelter Volunteer Acknowledgement

The volunteer manual describes important information about the Town of Islip Animal Shelter. This manual has been prepared for you as a reference guide. It contains information regarding our policies and procedures and how to safely deal with shelter animals. Please read it carefully so you will be well equipped to provide quality care to the animals in the shelter. Since the information, policies and procedures described here are necessarily subject to change, revisions to the manual may occur. All such changes will be communicated through departmental memos. Additionally, revised information may supersede, modify or eliminate existing policies. Only the shelter supervisor has the ability to adopt any revisions to the policies in this manual.

Thank you for giving your time and energy to the animals at the Town of Islip Animal Shelter. We hope that the time you spend here will be as rewarding to you as it is to the animals you care for.

I acknowledge that I have received a copy of the Volunteer Manual and I accept and understand it is my responsibility to read and comply with the policies contained in this manual.

I have read and I understand the above. Anything that was not clear to me was explained and understood.

Volunteer Name (printed) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed \_\_\_\_\_  
(Shelter administration)

