Borough of Spotswood
TNVR Program
Volunteer Registration Form

Name: _____ Address: _____

Phone: _____ Email: _____

Driver License Number: _____

Volunteer Rules and Regulations

I understand that as part of my participation with the Spotswood TNVR Program, I agree that:

1. As a Volunteer, I will participate in TNVR Program activities if I am approved and provided instruction by the Sponsor. Such as:
   - i) Spreading the knowledge of the program to the residents.
   - ii) Help to identify new Possible locations of cat colonies
   - iii) Assist with transporting trapped cats to and from the medical clinic.
   - iv) Assist with trapping colony cats.

2. As a Volunteer, I am not afforded the same Legal coverage as a Registered Colony Caretaker.

3. If I am given the approval to trap feral cats, I will not use the trap(s) to knowingly capture any cat with a home; to capture a healthy animal to be euthanized; for any unlawful purpose; or to capture any cat for research/testing purposes whatsoever.

4. As a Volunteer, I understand and acknowledge that I do not represent the Borough of Spotswood and will not identify myself in any fashion other than as a TNVR Program Volunteer.

5. I understand that I do not have any operational authority regarding the TNVR Program. This authority is only controlled by Borough of Spotswood.

6. I understand that in some cases, it may be necessary to euthanize cats and/or kittens whose physical conditions may prevent them from having a quality life and that this decision will be made by the Borough liaison and licensed veterinarians. I further agree that I will not hold the Borough or veterinarian(s) liable or responsible for this decision or their actions.

7. I understand that violations of these rules and regulations, in addition to any other policies instituted by the Borough of Spotswood may result in a written warning or municipal summons as described in the municipal ordinance for the TNVR Program.

Upon Signing below, I hereby agree to all rules and regulations stated above.

Caretaker Name: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Borough Approval: _____ Volunteer Designation: _____