



Volunteer Application

Thank you for your interest in volunteering with Northern Chautauqua Canine Rescue! Once you have returned the completed form to the address above, (you must be over 18 years of age) we will contact you to set up a time to come in for an orientation meeting.

Date: _____

About you:

1. Name: _____ Date of Birth: _____
2. Address: _____
3. Phone: _____ (home) _____ (cell) _____ (work)
4. Email: _____ Date of last tetanus shot: _____
5. Emergency contact: _____ Relation: _____
Phone: _____ Alternate phone: _____
6. Are you presently employed? _____ Employer name: _____

Activities that interest you-please check all that apply:

- Walking and playing with dogs (exercising on or about the premises)
- Best Friend Program (special contact with a designated dog)
- Bathing & grooming dogs
- Ground Beautification (lawn mowing, weeding, trimming, keeping grounds neat)
- Shelter tasks (feeding, cleaning, general care)
- Special Events (fundraisers, adoption days, etc.)
- Facility maintenance & repair
- Administration (office tasks, mail, telephone)
- Newsletter (assisting with designing, writing articles, etc.)
- Foster care (temporary care for a dog in your home)
- Veterinarian runs (Fredonia & Westfield)
- Humane education (presentation to groups)

Availability:

Hours available for volunteers:

Weekdays: 9 a.m. to noon, 1:30 p.m. to 3:30 p.m.

Weeknights: 6 p.m. to 8 p.m.

Weekends: 8:30 a.m. to 10:30 a.m. and 6 p.m. to 8 p.m.

Please list days and times you wish to volunteer: _____

Tell us more about you:

7. How did you hear about the NCCR Volunteer Program? _____

8. Why are you interested in becoming an NCCR Volunteer? _____

9. Describe any previous experience working with animals _____

10. Do you currently have any pets? Tell us a little about them! _____

11. Were you ever or are you now actively involved with any other non-profit or community organizations? If so, please list: _____

12. Please list any hobbies, skills or training that might be helpful at NCCR: _____

13. Do you have any allergies or physical restrictions that may prevent you from certain activities? _____

14. Are there any size or breed of dogs that you are uncomfortable working with? _____

15. Excluding traffic violations, have you ever been convicted of any criminal offense? ___ yes ___ no

If yes, please explain: _____

16. Did a current or former volunteer recommend you volunteer at NCCR? __If yes, please list their name so we may thank them! _____

Please list two references:

Name Relationship Phone number

Name Relationship Phone number

.....
I give permission to NCCR to verify any information given above.

Volunteer signature

Date

Waiver of Responsibility

I, _____ intend to participate in the volunteer program at Northern Chautauqua Canine Rescue, Inc. and am doing so entirely of my own initiative, risk and responsibility. I understand that as a volunteer, I will be working with dogs with unknown and unpredictable dispositions. Therefore, in consideration of the permission extended by Northern Chautauqua Canine Rescue, Inc., through its officers and agents, I hereby for myself, my heirs, executors and administrators, remise, release and discharge Northern Chautauqua Canine Rescue, Inc., its officers and employees from all claims, demands, actions or causes of actions, on account of any injury or illness to me which may occur during my volunteer services.

Signed: _____

Date: _____