## DC SHIBA INU RESCUE VOLUNTEER APPLICATION



# DC SHIBA INU RESCUE

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| Applicant Information | | | | | | | | | | | |
| Full Name: | | |  | | | | | |  |  |
| Last | | | | | | | | | First | M.I. |
| Address: |  | | | | | | | | |  |
|  | | Street Address | | | | | | | | Apartment/Unit # |
|  |  | | | | | | |  | |  |
|  | | City | | | | | | State | | ZIP Code |
| Home Phone: | | | | ( ) | | Cell phone |  | | | |
| Email address: | | | | |  | | | | | |
| Occupation: | | | | |  | | | | | |
| Position Applied for: | | | | |  | | | | | |

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| Availability |

How many hours do you work a week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to access email and internet

throughout the day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much time could you volunteer on a daily

basis and what days/times can you help? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How far do you travel for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact? (circle all that apply) Email text phone call Facebook PM Other:

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| Dog Experience |

Many positions do not require any previous dog or Shiba specific experience but some do. Please tell us about your experience and love for the breed.

How many years experience do you have with dogs?

Have you owned Shiba Inus? If yes, please list experience.

Have you ever taken formal dog training classes?

What method of dog training are you familiar with?

Have you had experience at a shelter/rescue or veterinarians office (vet, training, grooming, nutrition, etc) Please describe

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| Volunteer Job Application |

Volunteer Job Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe all the skills, knowledge and abilities that would make you a good candidate for the above position. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to commit to the above position for a minimum of 4 months?

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| Skills and Interests |

In addition to volunteer position above, please check activities you would be willing to help

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| --- | --- | --- |
| Home Checks | Foster Care | Transport |
| Mail outs | Newsletter | Dog Evaluations |
| Interview | Dog Training | Brochure designer |
| Reference checks | Fundraising | Adoption Counseling |
| Dog Meet and Greets | Marketing | **I’LL DO ANYTHING!!** |

Do you have previous experience with pet and/or animal welfare? If yes please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us why you are interested in Volunteering for DC Shiba Inu Rescue (DCSIR)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list two personal references (mandatory).** *If possible,* please list individuals who are active in the dog community and are knowledgeable about your care of dogs, such as a trainer, veterinarian, breeder, active rescue volunteer, etc., Do not list family members. References are mandatory even if you do not have dog experience.

1. Name/ Relation or credentials/ Phone #:
2. Name/ Relation or credentials/ Phone #

|  |
| --- |
| Terms of the Volunteer Terms and Conditions |

Applicant, known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (print name) hereby agrees to accept a position in a VOLUNTARY capacity as a volunteer for the DC Shiba Inu Rescue (hereinafter referred to as DCSIR). Applicant understands that the term Voluntary means the way in which actions or services are rendered to DCSIR. Such actions or services rendered to DCSIR with generous and charitable motives. No liability whatsoever will be incurred by DCSIR to anyone who performs voluntary actions or services. Applicant understands that the term Volunteer means a person who freely chooses and renders services to

DCSIR in a voluntary capacity.

1. \_\_\_\_ I have read and support the Mission Statement of DCSIR
2. \_\_\_\_ If I suspend volunteer activities, or upon DCSIR’s request at any time, I will promptly return all DCSIRs supplies, equipment, records, moneys and other items in good, clean condition.
3. \_\_\_ I give DCSIR the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability DCSIR and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.
4. \_\_\_ I will remember in all my dealing with the public as a volunteer that I represent DCSIR, and that the public will consider my words and actions regarding rescue to be representative of the attitude and positions of DCSIR as an organization. I understand that as an individual, I am not authorized to speak for DCSIR, nor can I enter into agreements for DCSIR, any such activity will be referred to the Board of Directors
5. \_\_\_ I accept full responsibility for expenses incurred by me as a volunteer for DCSIR, although I may be reimbursed by DCSIR provided that I have prior approval from the Board of Directors, as well as necessary documentation in form of receipts. I will always remember that I represent a nonprofit organization and in no way can profit from any activity related to the organization.
6. \_\_\_ I understand that DCSIR cannot guarantee or be held responsible for the temperament, behavior, or health of foster dogs that I may handle. I am aware that foster dogs may cause damage to my personal property, other pets, and humans. I will keep dogs securely contained at all times while in my care.
7. \_\_\_ I certify that the information in this application is true, and understand that false information may void this application and my ability to volunteer/foster with DCSIR.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board of Director Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_