

**ARF'S GERMAN SHEPHERD RESCUE
VOLUNTEER APPLICATION
PO Box 44
Lodi, WI 53555
www.arfrescue.com**

Name (full legal name, including middle name, no nicknames): _____
E-mail address: _____
Your month/year of birth: _____
Address/City/State/Zip*: _____
Phone # (Including area code): Work: _____ Home: _____
Cell Phone: _____
Own or Rent Home? Own Rent
Landlord Contact Information: _____
Provide a copy of your lease that states you can have a German Shepherd in your apartment.
Do you have Renters Insurance: yes ___ no ___
*if at current address less than 5 years provide addresses for last 10 years: _____
Occupation: _____ Work Hours: _____
Employer: _____ Address: _____ Phone: _____

Can we contact you at work? Yes ___ No ___

Please give the names and ages of all household residents (including part time ones):

Name	Relationship to you	Month/year of birth

Briefly, please describe why you are interested in volunteering for a group dedicated to rescuing dogs, particularly the German Shepherd Dog Breed:

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Which area(s) would you like to volunteer for? (You may choose more than one)

- Transport Surrender Adoptions Marketing Fund Raising Education

Do you have any experience/training in any of the following dog-related areas of work?

- Breeding Training Grooming Vet Assistant Kennel Assistant
 Animal Rescue Puppy mill rehabilitation Other_____

If you selected one or more of the above, please briefly explain the nature and extent of your work/training experience:

What type of volunteer services have you performed in the past, or are you performing now for other organizations?

List three references that can attest to your volunteer abilities. Name, Phone #, email, Relationship:

List your Veterinary Information here:_____

Please be advised we will need to contact your vet and tell them we will be contacting them regarding your application to foster. You must allow your vet to discuss your animal care with us. When you receive notification we are processing your volunteer application, you should contact your vet at that time.

Have you or any immediate family member ever been bitten/attacked by a dog? Yes No
If Yes, please explain

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Are you comfortable approaching dogs that you do not know? Yes No

Do you understand that dogs may be unpredictable and that AGSR cannot guarantee that a dog we are attempting to rescue may not become aggressive? Yes No

Are you willing to assume the risks involved with working with animals who are sometimes frightened and who are in unfamiliar surroundings and the possibility that the dog may become aggressive and/or bite you and/or another person or your companion animals? Yes No

Are you willing to accept any risk involved in transporting a dog inside your vehicle? Yes No

Do you have a large or giant-sized crate, or does your home have a kennel or other facilities for the temporary housing of transported dogs? Yes No

What type of vehicle do you have for transporting dogs?

Are your pets used to being introduced to strange GSDs? Yes No N/A (don't have any pets)

Are all household residents, including children, used to being introduced to strange GSDs?

Yes No N/A (Live alone)

Please list all current household pets:

Name	Type/Breed	Age	Sex	Neutered Spayed, or Intact	Dominant/Submissive/Gets Along Fine with other dogs?	Where obtained from:

Please List all past pets:

Name	Type/breed	age	sex	Neutered/spayed Or intact	How long owned	If pet died, cause of death and age at death

Please identify your veterinarian, including name, city, and phone number:

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You must contact your vet to alert them to the fact we will be calling and give them permission for them to discuss your animal care history with us.

Please explain/describe any other relevant or important information about yourself:

How did you hear about AGSR?

- Internet Family/Friend Newspaper Ad Show/event
 Vet's Office Mailing Flyer at pet supply store Other _____

To complete the processing of this application, a visit to your home will need to be scheduled by a representative of the organization. Every member of the household must be present at the time of the visit. The purpose of the home visit is to determine whether or not the information provided on the application is accurate, as well as to ensure the welfare of the dog by seeing your home situation first-hand. A copy of the "Home Visit Form" can be downloaded from this website, if you'd like to see what AGSR looks for during the Home Visit.

- I certify that the information I provided in this application is true and correct.
- I authorize AGSR to contact any and all references to verify the information that I have provided.
- I am at least 18 years of age
- I acknowledge that any misrepresentation will disqualify me from approval. Arf's German Shepherd Rescue Inc. reserves the right to refuse or deny any application.
- All volunteer contracts are up for yearly review by the AGSR Board. Your contract may or may not be renewed based on your performance as a volunteer during the calendar year as evaluated by the AGSR Board of Directors. If you choose to not continue to be a volunteer with AGSR, you must submit in writing (email is acceptable) to the Board why you choose to resign. All information pertaining to AGSR will remain confidential and is NOT to be discussed, dispersed or disseminated to anyone (no other rescues, shelters, media, etc). You will agree to abide by all changes to any guidelines and policies that the AGSR Board feels necessary to run AGSR.

Printed name _____ Date _____

Printed name _____ Date _____

Signature: _____ Date: _____

Please attach completed application via email and send it to gsd@arfrescue.com
Or mail it to AGSR, PO Box 44, Lodi, WI 53555

Please note: AGSR postal mail is only collected once a week. Our primary method of communication is via email. Emailing your application is best.