



Volunteer Application and Agreement

Please answer all questions as thoroughly as possible and thank you for your interest in volunteering with NYCSR!

PERSONAL INFORMATION

Contact Information:

Name: _____

Date of Birth: _____

Street Address: _____

City, State ZIP _____

Phone (H): (H) _____ (W) _____ (C) _____

Email: _____

Skills and Interests

What is your occupation? _____

Why are you interested in volunteering to help NYC Shiba Rescue? _____

What skills, expertise and experience do you have that you would like to contribute? _____

What types of tasks are you interested in doing while helping NYCSR? _____

How much time are you willing to volunteer and on which days/times are you available to help? _____

Can you help online or with telephone calls? Online: YES / NO Phone: YES / NO

Do you a car and a valid driver's license? Car: YES / NO License: YES / NO

Are you willing to help transport dogs (from shelters, to foster care, to special events)? _____

Are you willing to conduct evaluations of dogs in shelters and owners' homes? _____

Are you willing to visit the homes of potential fosters and adopters? _____

Your Dog Experience

How many years have you been involved with dogs? _____

What breeds have you had experience with? _____

What type of experience (pet, training, showing, breeding, etc.) do you have? _____

NYC SHIBA RESCUE, INC. ■ PO Box 20271 GREELEY SQUARE STATION ■ NY NY 10001

TELEPHONE: 917-591-3408 ■ FAX: 212-658-9657 ■ NYCSHIBARESCUE.ORG

Shiba Inu Rescue, Fostering, and Adoption in and around New York City

Describe your experience with animals other than dogs.

Do you have any special dog-related skills (trainer, vet, etc.)?

Have you volunteered or fostered dogs for another rescue group? If so, please give the name of the group, dates you volunteered, and your overall experience with them.

References (MANDATORY)

Please list two personal references. 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.

Name / Credentials / Phone #: _____

Name / Credentials / Phone #: _____

Please feel free to add any other information you think would be useful for us to know or make any comments that you would like to add.

TERMS OF THE VOLUNTEER AGREEMENT

I, _____ [print name] hereby acknowledge the following policies and agree to abide by them during the entire time I am volunteering with **NYC Shiba Rescue, Inc. (NYCSR)** (initial each line):

- 1) _____ I will remember in all my dealings with the public as a volunteer that I represent NYCSR, and that the public will consider my words and actions to be representative of the attitudes and positions of NYCSR as an organization. I understand that as an individual, I am not authorized to speak for NYCSR, nor can I enter into any agreements for NYCSR; any such activity will be referred to the Board of Directors.
- 2) _____ I have read, understand and support the mission of NYCSR.
- 3) _____ I understand that I am personally responsible for any and all financial expenses that I incur in my efforts to help NYCSR and will not expect reimbursement without written preapproval. I accept full responsibility for any expenses incurred by me that fall outside of approved expenditures. I will always remember that I represent a non-profit organization and in no way can profit from any activity related to the organization.
- 4) _____ I understand that NYCSR cannot guarantee or be held responsible for the temperament, behavior, or health of any dogs that I may handle. I am aware that dogs may cause damage to my personal property, other pets, and humans.
- 5) _____ I understand that it is my decision to volunteer for NYCSR. I will not hold NYCSR liable for any damage, injury or harm caused directly or indirectly through my volunteering activities with NYCSR.
- 6) _____ I understand that my volunteer position will be terminated if my conduct is deemed in opposition of the mission of NYCSR, or detrimental to the best interests of the dog(s) in my care or of NYCSR.

I understand and agree to all of the above, and support the mission of NYCSR. I understand that this form must be received and approved by NYCSR before I may volunteer for the organization, and that NYCSR reserves the right to refuse my application.

Signed: _____

Date _____

Name (printed): _____