

Coming Back Home Rescue



Volunteer Application

Name: _____ Date: _____

Address: _____

City/State: _____ Zip: _____

DL#: _____ State: _____ D.O.B: _____

E-Mail: _____

Phone Number: (____) _____ or (____) _____

Emergency Contact: _____

Relation: _____ Phone: (____) _____

MEDICAL

Do you have Health Insurance: Y / N

Do you have any medical limitations: Y / N

If yes, explain:

Any animal related allergies: Y or N _____

EMPLOYMENT

Where do you currently work: _____

What are your hours: _____

Do you have any professional work experience that could benefit the organization? If so, what:

VOLUNTEERING

Why do you want to volunteer at Coming Back Home Rescue?

Do you have volunteering experience that relates to animals: Y or N

Do you have any animal related skills that could be beneficial: _____

Are you willing to learn even if it may be different from your previous knowledge: Y or N

What are you interested in doing at Coming Back Home Rescue: (about under Notes)

Event Assistance _____ (Full/Part)Foster _____ Adventure Buddy _____

Certified Pet Friend _____ Pet Sitter/Walker _____ Humane Education _____

Other: _____

GETTING TO KNOW YOU

Do you own other pets in the home: Y or N

Describe your pets:

Favorite Thing About Them:

What are some things you enjoy doing in your free time?

If you could change one thing about the world, what would it be?

Adventure Buddy Portion

Skip if you don't plan on fulfilling this role.

Do you have any physical limitations that may prevent you from walking trails?

What is one great idea, in your mind, that would be an awesome Adventure Day for a rescue pet?

Any concerns about leading Adventure Days?

References:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Foster Portion

Skip if you don't plan on fostering now or possibly in the future.

Type of Home: Apartment/Condo Townhouse Single-Family Other

If Other, explain:

Do you Own or Rent: Own Rent

If renting, are you allowed to have animals on the premises: _____

Pet weight limit if applicable: _____

Do you have a fenced in yard: Y or N

Is the fence fully secured or is there damage present: _____

If not or there is damage where an animal can escape easily, do you agree to keep the animal leashed when outside: Y or N

Do you own other pets in the home: Y or N

Are the pets up to date on vaccines: Y or N

Spay/Neutered: Y or N

Who/What if not:

How many people in your household: Adults _____ Children _____

Do you have any restriction in your ability to foster: (breed/pet restriction, time limit, etc.)

Please let us know your preference on how long you can foster or willing to foster: (This helps us prepare for the future!)

Animal Preference: (Cats, Dogs, Kittens, Puppies)

How many hours would your foster pet be alone:

How would you describe the noise level in your home: Quiet Mid-Level Loud/Active

How would you describe the physical activity in your home: Low Moderate Active/Athletic

Would there be any reason why you could not do a home visit for your current property:

References:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____