

Mid-Atlantic Great Dane Rescue League, Inc.

Volunteer Application

PA/DE: 484-578-9126 304 Hartz Road, Fleetwood PA 19522	NY: 845-475-8377 238 W. Washington Ave, Pearl River, NY 10965
MD/DC: 443-773-2639 PO Box 15246, Washington DC 20003	NJ: 973-476-4081 2 Nottingham Lane, Manchester, NJ 08759
VA: 571-310-1380 PO Box 283, Garrisonville VA 22463	WV: 304-579-5156 12161 Apple Harvest Dr, Martinsburg WV 25403

1. Today's Date _____
2. Name _____ Email Address _____
3. Address _____

4. Phone # _____ Cell Phone # _____ Fax # _____

5. Why do you want to help Great Dane rescue? _____

6. How are you able to help MAGDRL?

- Foster Home** Home Visits Making Phone Calls Soliciting Donations
- Transports Arts & Crafts Computer Work Publicity/Marketing
- Graphics Sewing Events, Meet & Greet
- Other _____

**Please be sure to complete Foster section.

General Information

7. Do you currently own any pets? Yes No

a) If Your Pets Are Not Spayed/Neutered, Why not? _____

Type/Breed/Name	Gender	Age	Spayed/ Neutered	How Long Owned?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. What is your occupation? _____

a) Name and address of employer _____

Telephone # _____ Work hours: _____

b) How long with this employer? _____

c) If less than 1 year, where were you previously employed? _____

9. Are any other members of your family employed? Yes No If so, please give company name, address, phone number, and work hours: _____

10. Do you currently run a business out of your home? _____ If so what? _____

11. Have you or anyone in your immediate family ever been convicted of a charge of, or related to cruelty to animals? Yes No

a) Is Any Such Charge Currently Pending? Yes No

12. Please provide the following references:

a) Veterinarian name: _____

Address: _____

Phone #: _____

Date and reason of last visit: _____

b) Name, address, phone number of a local individual (NOT a relative) who knows/has known your pets. Please also add the best time to reach your reference:

If Volunteering for Transports

13. What is your availability for transports? _____
14. How far or long are you willing to drive one-way? _____
15. Do you have a method of restraining dogs in your car? Yes No
Please explain: _____

If Volunteering for Home Visits

16. Are you comfortable visiting people you have never met for the purpose of approving them to adopt? Yes No
17. Do you have a Dane you can bring along with you? Yes No
18. Are you able to politely but firmly point out things to a homeowner that may injure a Dane in the house/yard? Yes No
19. Can you suggest things that will make an adoption go smoother? Yes No
20. Are you willing to be a support contact for a family you have done a home check on, once they have adopted a dog from MAGDRL? Yes No

If Interested in Fostering

21. Are your pets alone during the day? Yes No
a) If Yes, for how long on average? _____ Maximum: _____
22. Have you owned a dog before? Yes No
a) If so, what happened to it/them? _____
23. How many people live in your household? _____
a) What is their relationship to you? _____
b) If children, what are their ages & sex? _____

24. Are any family members home during the day? Yes No
a) If Yes, who? _____
b) If No, how long will dog be alone during the day? _____
25. Do you own or rent your home? _____

- a) How long at present address? _____
- b) If less than 2 years, what was your previous address? _____

- c) If renting, does your lease allow pets? Yes No

***** Please Supply A Copy Of Lease Agreement Pertaining To Pets *****

26. Is your yard fenced? Yes No ****Elect. Fence not acceptable unless used as a secondary fencing option.**

- d) Please describe fence _____

- e) If no, how would you safely confine the Dane when time to relieve himself/exercise? _____

***** If no Fence, you must include ALL exception requirements documents. *****

This includes: Written Vet and Personal References and A Letter Stating Your Maintenance Plan For Safely Relieving and Exercising A Dog Without The Benefit Of Fencing

27. Where will you keep dog during the day? At night? _____

28. Where will you keep the dog when away overnight or on vacation? _____

29. Have you ever taken in a dog that you did NOT raise from a puppy? Yes No

30. Have you ever cared for a friend's dog in your own home? Yes No

31. Are you familiar with the transitional period that dogs go through when they are removed from their home/a shelter and begin to settle into a new home? Yes No

32. What are some behaviors that you can expect? _____

33. Do you have an area where you can keep a foster dog separated from your pets/family until he/she has adjusted to your home? Yes No

a) Please describe how you will separate: _____

34. How do you feel about crate training? _____

35. If a dog tears up a couch cushion or pees in the house while you are gone, how would you correct him? _____

36. Would you be willing to foster a dog with one of the following handicaps/issues?

- Physical Deaf Not good with cats/small animals
 Old Not good with children Not good with other dogs
 Other (explain) _____

37. Are you familiar with bloat and recommendations for prevention? Yes No

38. May we visit your home and check your references to verify the information you have provided? Yes No

If there are other ways you can think of to assist MAGDRL, any and all ideas are appreciated!

THE UNDERSIGNED ACKNOWLEDGES THAT THE VOLUNTEER APPLICATION PROCESS IS NOT COMPLETED UNTIL MAGDRL APPROVES YOU AS A VOLUNTEER.

Signature of Applicant _____

Date: _____

MAGDRL Member? (Tax Deductible) Already a member

No I'm not a member. I have included my \$10 membership fee which includes a subscription to the newsletter and a vote at the annual elections.

No I'm not a member. I have included a \$15 family membership fee (family of 2) which includes a subscription to the newsletter and a vote for both family members at the annual elections.

(Attach a Separate Sheet for Additional Info or Comments)

ALL adults residing at this household MUST sign this form. All future residents of house must complete this waiver upon residence.

VOLUNTEER LIABILITY RELEASE AND WAIVER FORM

This volunteer agreement ("Agreement") is entered into as of the date set forth below, by and between the person(s) named below and the Mid-Atlantic Great Dane Rescue League, Inc. (MAGDRL).

WHEREAS, MAGDRL is the owner of any Great Danes the volunteer transports, fosters, or handles (to include transporting the Dane to and from obedience classes and training activities, working and handling the Dane in public and private areas, and providing necessary care to ensure the Dane's safety), beginning on the date this agreement is signed.

AND WHEREAS, the Volunteer has voluntarily contacted MAGDRL and has expressed an interest in working with dogs in the care and custody of MAGDRL. In consideration of MAGDRL's agreement to allow the volunteer to view and/or interact with such dogs, the volunteer hereby, for his/her heirs, his/her personal representatives, and him/herself represent and warrant as follows:

1. The volunteer is fully aware of the risks that dogs pose and have elected to view and/or interact with one or more dogs in the care of MAGDRL voluntarily. The volunteer knowingly assumes all risks that exposure to dogs may pose, including but not limited to serious bodily injury and/or death.
2. THE VOLUNTEER HEREBY WAIVES, RELEASES, DISCHARGES, HOLD HARMLESS, AND PROMISES TO INDEMNIFY AND NOT TO BRING SUIT AGAINST MAGDRL, its directors, officers, volunteers, staff, and all other agents, and attorneys for any of the referenced parties, and any other parties acting for, or on behalf of any of the referenced parties, from any and all rights and claims which the volunteer has or which may hereafter accrue to the volunteer and from any and all damages which may be sustained by the volunteer directly or indirectly in connection with, or arising out of, the volunteer's exposure to such dogs.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed this _____ day of _____, 20_____.

If a MAGDRL representative is not available, volunteer is to have the following notarized.

Witness Signature

Signature of Applicant

Printed Name of Witness

Print Name

Signature of Applicant

Print Name