

HOMeward BOUND DOG RESCUE OF NEW YORK
Volunteer Application

If you wish to volunteer to provide assistance for HOMeward BOUND DOG RESCUE OF NEW YORK, LTD. (HB) in areas other than fostering, please complete this application and return it to:

HOMeward BOUND DOG RESCUE OF NEW YORK, LTD.
P.O. Box 5783
Albany, New York 12205

I understand and agree that I am volunteering my time and services to be an HB volunteer at no cost to HB and I will not be compensated for either my time or services by HB. I also understand that I may be removed from this position at any time by the Board of Directors in their sole discretion for any reason or no reason.

Personal Information

Applicant Name: _____

E-mail: _____

Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Best time to call: _____

Preferred phone number for calls: _____

Have you ever owned dogs before? _____ yes _____ no

If so, explain your experiences and activities with them.

**HB is a local all breed, mixed breed rescue organization, and we are always in need of
volunteers to help keep the program running smoothly and efficiently.**

Areas of Interest

Please check all the jobs listed below that you would be interested in helping with.

Fundraising

Give brief overview of your experience in this area: _____

Dog evaluation in private homes

Dog evaluation in shelters

Dog transportation

Behavior modification

Other dog handling skills _____

Experience in these areas: _____

Telephone work

Letter writing

Design/Update of Website

Please describe: _____

Other

Explain any other areas in which you might be of assistance. _____

Please provide at least two references that have personal knowledge of your care and experience working with dogs, and the name and address of your current veterinarian.

Veterinarian Reference

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Personal References

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Credentials, if any (such as rescue volunteer or breeder): _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Credentials, if any (such as rescue volunteer or breeder): _____

Would you be willing to let one of our representatives visit your home by appointment?

_____ yes _____ no

If not, why? _____

All of the above information I have given is true and complete. I agree to follow all the Rules and Procedures of HB. I will not hold HB responsible for any damage, injury, or harm caused directly or indirectly to any person or property by any dog I may decide to volunteer my time to help.

Thank you for volunteering to become an Other Volunteer for HB. One of our volunteers should be contacting you shortly after receiving your application.

HB, AT ITS SOLE DISCRETION, RESERVES THE RIGHT TO REFUSE ANY APPLICANT FOR ANY REASON OR NO REASON.

Applicant Signature _____

Date: _____