

SAVING
ANIMAL RESCUE



SAVING
DOBERMANKIND
— animal rescue —

DOBERMANKIND
(SDAR)

7486 Araia Dr, Fountain CO, 80817

VOLUNTEER APPLICATION

SAVING DOBERMANKIND ANIMAL RESCUE (SDAR) is dedicated to the rescue, rehabilitation and rehoming of deserving Dobermans and other animals. We always welcome new volunteers into our group and are delighted you are interested in helping out with our efforts.

Please take the time to complete this form and return it to the above address. After reviewing the information you provide, our Volunteer Coordinator will contact you regarding your time availability and the volunteer activities for which you expressed an interest. Thank you for your interest in becoming a part of our group.

CONTACT INFORMATION

Name / DOB	
Address	
City/State/Zip	
Phone Number	
Email Address	

Note: By providing your email address, you are also giving us permission to add you to our Supporter and Volunteer email list. These lists are for SDAR use only. We will never sell them or give them to any other organization.

PERSONAL REFERENCES (No more than 1 family member) Complete all three

Name			
Address			
City/State/Zip			
Phone Number		Email	
Relationship			

Name			
Address			
City/State/Zip			
Phone Number		Email	
Relationship			

Name			
Address			
City/State/Zip			
Phone Number		Email	
Relationship			

PAST EXPERIENCE & TRAINING:

Have you ever been bitten or attacked by a dog or cat?

Did the bite require medical attention?

Are you comfortable approaching a dog or cat you don't know?

Do you understand that dogs/cats may be unpredictable and SAVING DOBERMANKIND ANIMAL RESCUE (SDAR) cannot guarantee that a dog/cat may not become aggressive?

<input type="radio"/> YES	<input type="radio"/> NO
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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/cat may become aggressive and/or bite/scratch you or a companion?

<input type="radio"/> YES	<input type="radio"/> NO
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Do you have experience/training in any of the following dog-related areas of work? (Check all that apply).

- Breeding
- Grooming
- Kennel Assistant
- Animal Rescue
- Training
- VetTech
- Pet Store

Other:

Do you have other experience/skills that would help you in dog/cat caretaking?

<input type="radio"/> YES	<input type="radio"/> NO
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Describe:

Please list dog clubs or rescue organization memberships, past and present, if any.

TRANSPORTATION:

What type of vehicle do you have for transporting animals?

Are you willing to accept any risk involved in transporting a dog/cat inside your vehicle?

<input type="radio"/> YES	<input type="radio"/> NO
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Do you own a crate?

<input type="radio"/> YES	<input type="radio"/> NO
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Please describe WHY you are interested in volunteering with SAVING DOBERMANKING ANIMAL RESCUE (SDAR):

AVAILABILITY Please indicate the days you are available to volunteer.

- Mon
- Tue
- Wed
- Thu
- Fri
- Sat
- Sun
- Morning
- Afternoon
- Evening

SAVING DOBERMANKIND has many volunteer opportunities. Please check the areas you are interested in.

- Rescue Transport (Must have PACFA License if transport for multiple rescues)

- Media Relations
- Adoption Events
- Food donation pickup
- Fundraising
- Grooming
- Posters and Publications
- Post dogs on social media outlets
- Newsletter
- Return Phone Messages
- Disaster/Emergency Assistance
- Website maintenance
- Facebook Volunteer page maintenance
- Running errands
- Reference Checking (Personal and/or Vet)
- Vet transportation
- Attend basic training and obedience classes with a foster
- Other (please describe, we welcome new ideas):

Signature: _____ Date: _____

VOLUNTEER RELEASE, WAIVER AND INDEMNIFICATION

The undersigned volunteer, his/her parent(s) or legal guardian, if under the age of 18 years, does/do hereby execute this release, waiver, and indemnification for himself/herself/themselves and his/her/their/heirs, successors, representatives and assigns, thereby agree to the following:

To forever release SAVING DOBERMANKIND ANIMAL RESCUE (SDAR), its members, employees, representatives, and friends from any and all liability, loss, damage, cost, claims, and/or causes of action, including, but not limited to, all bodily injuries and property damage arising out of participation in animal rescue/rehabilitation/adoption activities, it being specifically understood that said activity includes the handling of companion animals by the undersigned participant (also handling in the kennels, runs, cages, and foster homes). The undersigned person(s) further agree(s) to indemnify SAVING DOBERMANKIND ANIMAL RESCUE (SDAR), its members, employees, representatives, and friends: and hold them harmless for any liability, loss, damage, cost, claim judgment or settlement which may be brought or entered against them as a result of the undersigned person's participation in aforesaid activity.

Furthermore if involved in companion animal rescue/rehabilitation/adoption activities pursuant to **COLORADO CODE OF REGULATIONS TITLE 35, ARTICLE 80: PET ANIMAL CARE AND FACILITIES ACT, SECTIONS 35-80-101 TO 35-80-117, [RULES PERTAINING TO THE ADMINISTRATION AND ENFORCEMENT OF THE PET ANIMAL CARE AND FACILITIES ACT 8 CCR 1201-11]**, the undersigned(s) executes this waiver of the undersigned(s) rights to sue and agree(s) to assume all risks inherent in companion animal rescue/rehabilitation/adoption activities and have notice of all the risks inherent in those activities including (1) the potential of animals to behave in dangerous ways which may result in injury to the participant, (2) the inability to predict an animal's reaction to sounds, movements, objects, persons or other animals: and (3) hazards of surface or subsurface conditions.

This waiver shall remain valid unless expressly revoked by the volunteer or parent(s) or guardian(s) of a minor volunteer. The revocation shall be in writing, which shall be delivered to the provider and shall become effective thirty (30) days after its delivery to the provider.

In the case of any activity performed on behalf of SAVING DOBERMANKIND ANIMAL RESCUE (SDAR) on property nor premises not belonging to SAVING DOBERMANKIND ANIMAL RESCUE (SDAR) this waiver executed by participants or parent(s) or guardian(s) of a participant shall apply to ALL rescue/rehabilitation/adoption activities in which the participant(s) is/are involved in the next succeeding twelve (12) month period unless earlier expressly revoked in writing. The revocation shall become effective (30) thirty days after it's delivered to the provider.

The undersigned(s) should maintain all medical and health insurance needed to cover all risks of ANY KIND in any place in livestock, equine, canine, feline, and/or other activities. This insurance is to be held on all family members especially minors or aged.

Pursuant to **COLORADO CODE OF REGULATIONS TITLE 35, ARTICLE 80: PET ANIMAL CARE AND FACILITIES ACT, SECTIONS 35-80-101 TO 35-80-117, [RULES PERTAINING TO THE ADMINISTRATION AND ENFORCEMENT OF THE PET ANIMAL CARE AND FACILITIES ACT 8 CCR 1201-11]**, I have never been convicted of animal cruelty, neglect or abandonment and I will update this statement as changes occur. I the undersigned volunteer, will practice all safety rules and ensure myself that all equipment is in good conditions, whether owned, loaned, or borrowed at all times.

Signature of Volunteer _____ Date: _____

Signature of parent or Guardian if Volunteer is a Minor:

_____ Date: _____

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EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE: _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____