



Senior Dog Haven & Hospice

 Where grey muzzles are nuzzled.

email: SDHH_Rescue@yahoo.com

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Senior Dog Haven & Hospice, Inc. It is a wonderful place to give your time and is very rewarding to directly help the animals.

STEPS TO BECOMING A VOLUNTEER*

1. Submit a completed volunteer application.
2. Speak with a Board member or other SDHH volunteer.
3. If accepted, work with one of our trained volunteers until comfortable with the rescue & positions.

We look forward to having you help us make the world a more compassionate place for senior dogs.

Volunteer Opportunities

Adoption Events

Volunteers take adoptable animals to local adoption events. Volunteers must enjoy working with the public and be very reliable.

Fundraising

Help with the planning of our special event fundraisers. For special events, committee involvement and day of event opportunities are available.

Events Coordination

Contact local businesses to see if they would host an adoption event. Set up schedules and find volunteers.

Foster Care

Fostering means welcoming a senior dog into your home for an indeterminate period of time. They will be a loved and cared for member of your family until the time a carefully screened permanent home is found.

There is no conceivable way shelters can take in and care for the number of stray and owner surrendered animals that come through their doors. There is simply not enough space. By fostering, you open a kennel at the shelter for one more dog.

You must complete a separate foster application in order to be considered for our foster program.

Public Relations and Publicity

We need photographers to take pictures at our events. In addition, artistic volunteers are needed to create special promotional signs to increase the visibility of our dogs in order to help in finding their forever homes.

Writing

Write press releases and work to attract the media to the plight of senior dogs and the work of the rescue.

Write articles for the newsletter & the website.

Grant writing.

Appeal letter campaigns.

Facilitating Adoptions

Calling references, doing home visits and doing follow up checks once a dog is placed in a home.

Transporting

Meeting transports to take animals to their foster homes or transporting animals to their forever homes.

Today's Date: _____

Print Name: _____

Are you over 18? _____ (Please be aware that we only accept volunteers 18 and over)

Driver's License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ Phone (evening): _____

Cell: _____

Email: _____

Employed By, or School Attending: _____

Birthday (mm/dd/yy): _____

How did you learn about our volunteer program?

Website Friend Event Other

Medical Release:

I have the following allergies (food, animal, medical, etc.)

I have the following medical conditions (diabetes, heart condition, seizures, etc.)

In case of emergency, I authorize Senior Dog Haven & Hospice, Inc. to arrange for emergency medical treatment (911) after attempting to notify the contacts listed below. List 2 personal or professional contacts below.

Signature _____

Name: _____ Phone Number: _____

Relationship To You: _____

Name: _____ Phone Number: _____

Relationship To You: _____

Advisory:

You are strongly urged to have a current tetanus vaccination to protect yourself in case you are cut, scratched or otherwise injured in such a way that a tetanus infection could harm your health.

Initial: _____

Why would you like to be an SDHH volunteer?

Are you involved in any other animal welfare organization? Yes No

If yes, what is / was your involvement?

List other volunteer activities below.

Which organization(s)? Past or Present

Activities you performed.

Detail any experience you have had with animals, including your own pets.

Please list two (2) personal or professional references not directly related to you.

Reference #1

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____

How do you know this person? (co-worker, friend, neighbor, etc.) _____

Reference #2

Name: _____

Street
Address: _____

City, State, Zip Code: _____

Phone: _____

How do you know this person? (co-worker, friend, neighbor, etc.)

Volunteer Interests

In which two areas are you most interested in volunteering (Please number in order of preference, with #1 being the most preferred):

Preference #:

Information Booths/Adoption Events

Preference #:

Fostering

Preference #:

Fundraising/Special Events

Preference #:

Public Relations and Publicity
Digital Photography

Preference #:

Writing

Preference #:

Adoption Facilitation

Preference #:

Transporting

Preference #:

Events Coordination

Other special skills or interests you would like to share:

Availability

When can you begin volunteering?

How many hours per week?

Please circle the days/times you are available to volunteer with SDHH, Inc.:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

A.M.

P.M.

Volunteer Agreement and Release

I, _____, am requesting a volunteer position within Senior Dog Haven & Hospice, Inc. I agree to read and follow the rules and guidelines of the organization. I agree to not hold any director, employee, board member, or any individual personally or otherwise responsible in the event that I sustain personal, financial, emotional, or property loss/damage while serving the organization. I agree to follow the supervision of all persons involved in volunteer management. I understand that as a volunteer I am an important representative of Senior Dog Haven & Hospice, Inc. and must do my best to represent SDHH in a manner that is consistent with its articles, by-laws, guidelines, and philosophies. I have read and understand the volunteer release and agree to adhere to its entirety.

Signature: _____ Date: _____

Witness: _____ Date: _____