

	<h2 style="text-align: center; color: red;">Volunteer Application</h2> <p style="text-align: center;">We are GRRRateful for your help!</p>
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Name: _____

Street Address (including City, State & Zip): _____

County: _____

Email: _____

Home Tel: _____ Cell Phone: _____

How did you find out about Ga. Rescue, Rehabilitation, 7 Relocation. Please provide names if referred by an individual: _____

How many of the following areas are you interested in volunteering for?

- Fostering dogs in your home
- Transports (dogs and donated items)
- Home visits (for potential fosters and adopters)
- Fundraising
- Sponsorship
- Events participation
- Online Tasks (Website help, Facebook)
- Other (mailings, phone calls) Please specify:

EXPERIENCE - Have you ever applied to Volunteer with another Rescue? Yes No

If Yes what is the name of the Rescue Organization?

Are you still approved with that organization and fostering for them? Yes No

EDUCATION - Our Volunteers must agree to attend a Volunteer Orientation/ training class. in order for them to learn about GRRR policies, procedures, and processes which we all follow to ensure volunteers are well prepared to help us rescue dogs. Do you agree to attend this meeting?

Yes No

PET HEALTH - GRRR requires that all volunteer pets be kept up to date on vaccines or have a current titer test, have their dogs on Heartworm preventative and spayed/neutered (excused only if being actively shown or for a documented medical reason). In order to ensure that all Volunteer pets meet GRRR’s healthcare policy, please list your current pets, their vaccinations and the date they were administered.

Pet Name	Vaccination	Date Received

PET HISTORY - list all dogs owned as an adult.

VET REFERENCE - Please provide the name and phone for your vet (required):

REFERENCES - Please provide the names & telephone numbers for at least two personal references that GRRR may contact. Please do NOT list a relative or significant other. (Good references have usually met your own pets and may include friends, neighbors, coworkers, trainers, breeders, etc

Reference # 1- Name	Telephone #	Reference # 2- Name	Telephone

Applicant’s Printed Name: _____

Applicant’s Signature: _____ Date: _____

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G-R-R-R Volunteer Coordinator Notes and Questions: _____

APPROVED: _____ DENIED: _____

Mail Application to :
Ga. Rescue, Rehabilitation, & Relocation, P.O. Box 5750, Savannah, GA 31404
Phone- 912-656-9792 or 912-508-3478 (leave message if no answer)