

DATE SUBMITTED: _____



DAKOTA'S DREAM ANIMAL RESCUE

P.O. Box 1814 • Winchester, VA 22604

dakotas.dream@hotmail.com

www.dakotasdream.org

www.facebook.com/DakotasDreamAnimalRescue

****For DDAR Use Only****

Application Status:

Approved Denied

Orientation Date: _____

Termination Date: _____

Volunteer Application

Thank you for your interest in volunteering with Dakota's Dream Animal Rescue! We are a volunteer and foster based organization. The number of animals we are able to help is limited to the number of volunteers we have. As such, we are always looking for new people to join our team. We are excited to meet you and look forward to discussing volunteer opportunities!

Section A: Volunteer Basics

Type of volunteer you are interested in being:

(check all that apply)

Adult (age 18+)

Junior (ages 8-17)

Adult Foster (age 18+)

Junior Foster (ages 8-17)

What areas are you interested in volunteering with?

Animal Transport

Adoption Events

Other *(explain)*: _____

Fundraising/Marketing

Cleaning/Cat Care

How did you find out about Dakota's Dream? *(check all that apply)*

Facebook

Twitter

Instagram

Petsmart

Posh Pets

Just Cats Clinic

Radio

Website

Previous Adopter

Other: _____

Section B: Personal Information

Applicant Name: _____

Age: _____

Parent Name*: _____

Age: _____

**For Junior applicants only*

Address: _____

Home Phone: (_____)

City, State, Zip: _____

Work Phone: (_____)

Email Address: _____

Cell Phone: (_____)

Are you personally associated with one of our volunteers?

Yes

If yes, please provide name(s): _____

No

Do you have any physical limitations we should be aware of?

Yes

No

If yes, please explain: _____

Section C: Employment Information

Are you currently *(check all that apply)*:

Employed: Full time

Part time

Student

Other *(please explain)*: _____

Unemployed

Retired

Applicant employer: _____

How long w/ current employer? _____

Section D: Household Information

How many persons (adult and children) live in your home other than yourself? Please list names and ages: _____

Does anyone in your household have allergies?
(check all that apply)

- No Allergies
 Unknown
 Cat
 Dog
 Other animals *(please list all that apply)*: _____

Are all members of your household aware of, and in agreement with, this volunteer / foster application?

- Yes
 No
 If no, please explain: _____

How long have you been at your current address?

- Do you:**
 Own
 Live w/ parents
 Rent
 Live w/ housemates

- Do you live in a:**
 House
 Townhouse
 Mobile Home
 Apartment

Rental agency / Landlord name *(if applicable)*: _____

Landlord phone: () _____

If you rent, does your lease allow pets?

- Yes
 No
 Don't know

If yes, how many: _____

Would you object to a home visit by one of our volunteers?

- Yes
 No
 If yes, please explain why: _____

Section G: Current and Past Pets

What pets do you currently have? List all. Exclude fish.

Pet Name	Type / Breed	M/F	Spayed/Neutered?	Age	Where Obtained?	How long has s/he been in your care?	Indoor/Outdoor?

Are your pet's vaccinations current?

- Yes *If no, why not?* _____
 No _____

Have any of your pets been exposed to communicable diseases?

- Yes *If yes, please explain:* _____
 No _____

Are your pet's current on flea/tick preventative?

- Yes *If yes, what brand/type (example Frontline topical)?* _____
 No *If no, why not?* _____

For DOGS, heartworm preventative given?

- Yes *If no, why not?* _____
 No _____

For CATS, have they been tested for Feline Leukemia/FIV?

- Yes
 No
 Unknown
If yes, the results:
 Negative
 FIV +
 FeLV +

Are your pet(s) socialable with other animals?

- Yes
 No
 Unknown

What type of food do you feed? _____

- Free feed
 Scheduled

Section G: Current and Past Pets (cont.)

Please tell us about the animals you have owned in the past, who are no longer with you.

Pet Name	Type / Breed	M/F	Spayed/Neutered?	Deceased?	Cause (if known)?	How long was s/he in your care?	If alive, where & why was s/he rehomed?

Have you ever been guardian to any animals that were:

(check all that apply)

Please explain any items answered with a 'yes':

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| Killed by moving vehicles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Killed by another pet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Given away? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Turned into a shelter/rescue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lost or stolen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section G: Cleaner Availability

If you are interested cleaning/cat care at the adoption centers, please mark your availability below.

Adoption Partner Location for Cat Care:

PetSmart (Winchester, VA)

Availability (select days & time):

- | | | | | | |
|------------------------------------|-----------------------------|-----------------------------|-----------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> Friday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> Saturday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> Sunday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> AM | <input type="checkbox"/> PM | | | |

Section H: Foster Responsibility

****See the end of this application to read & sign the required foster agreement in order to foster with Dakota's Dream Animal Rescue.**

Do you have prior foster experience?

- Yes No

If yes, please explain where:

What type of pet would you be interested in fostering?

- | | | |
|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Cats | <input type="checkbox"/> Dogs | <input type="checkbox"/> Guinea Pigs |
| <input type="checkbox"/> Kittens | <input type="checkbox"/> Puppies | <input type="checkbox"/> Rats |
| <input type="checkbox"/> Rabbits | <input type="checkbox"/> Other, explain: | |

When can you begin?

Length of time you can foster?

Do you have experience with any of the following:

(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Bottle babies | <input type="checkbox"/> Giving oral medications |
| <input type="checkbox"/> Syringe feeding | <input type="checkbox"/> Giving injectable medications |
| <input type="checkbox"/> Other, explain: | |

Are you willing and able to provide your foster with routine necessities (excluding vet care) such as food, litter, treats, toys, bedding, etc?

- Yes No

Are you able to feed a specific diet without allowing access to other foods?

- Yes No

Who is your current veterinarian:

Name of veterinarian: _____ Phone number: () _____

Veterinary Clinic: _____

Address: _____ City, State Zip: _____

Section I: References & Emergency Contact

Please list three (3) responsible references who have known you for several years:

Name: _____	Phone: (_____) _____	Relationship: _____
Name: _____	Phone: (_____) _____	Relationship: _____
Name: _____	Phone: (_____) _____	Relationship: _____

Person to contact in the event of an emergency:

Name: _____	Phone: (_____) _____	Relationship: _____
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Section J: Other Information

Please list any questions you may have for us and/or any comments and explanations that haven't previously been addressed.

By signing, I agree that the above statements are true to the best of my knowledge.

Signature of Applicant: _____	Date: _____
Parent Signature*: _____	Date: _____

**For Junior applicants only*

Submission Options:

Fill out application electronically and submit using the "submit application" button. If the "submit application" button does not function: A) save a copy of the completed application to your computer, B) attach it to an email message and C) send it to dakotas.dream@hotmail.com. We recommend you print a copy of your completed form and/or save a copy to your computer for your records.

All questions *must* be answered before the application can be accepted for review by the Dakota's Dream Animal Rescue Volunteer & Foster Coordinators.