



Giles Animal Rescue Volunteer Application Form

Thank you for your interest in becoming a volunteer with Giles Animal Rescue, Inc. (GAR). GAR is a group of committed animal welfare volunteers who operate under the guidance of federal, state, and county laws with the mission to help homeless, neglected, or abused animals in Giles County through multiple activities. Such as, offering low-cost spay/neuter options for eligible households, fostering animals, networking and transporting homeless animals to other rescue organizations or adopting in a new home, fundraising and providing pathways for community involvement in the care of its companion animal residents. GAR is a 501(c)(3) charitable organization founded in 1999.

Visit us at www.gilesanimalrescue.org

Name: _____ Date of Appl: _____
Address: _____ City: _____ State: _____ Zip _____
Prev. zip code if < 5yrs _____ Home Phone: _____ Other Phone(s): _____
E-Mail (s): _____ Birthday mm ___ dd ___ (if < 21, yyyy _____)
Emergency Contact Person: _____ Phone _____

Medical issues/allergies (that we need to know): Yes _____ No _____

Please explain: _____

What areas of volunteering are you specifically interested in?

____ Shelter ____ Foster Care ____ Home Inspections
____ Driving/Transports ____ Fundraising & Events ____ Newsletter
____ Community Outreach ____ Website ____ Event Coordinator
____ Volunteer Coordination ____ Spay/Neuter Program ____ Feral Cat Management Programs

Other suggestions? _____

(See <http://www.sosdogs.org/100-ways-to-help-rescues.html> for ideas other than working directly with animals.)

Volunteer Agreement - Please INITIAL your acceptance of the following conditions:

_____(Please initial) As a GAR volunteer, I agree to abide by the bylaws, policies and procedures of the organization and to carry out GAR activities in the spirit of friendly cooperation with other GAR members, with our rescue associates and with the citizens of Giles County. If I need clarification regarding a policy or procedure I will consult a board member or member designated by the board to address the issue.

_____(Please initial) I understand that by signing this application I will be subject to a background check as required by Va State Law and that my application may be denied based upon (but not limited to) convictions of any felonies including drug use or sale of drugs; convictions of animal abuse, animal neglect or animal abandonment, repeated DUI's, misuse of monies or history of surrendering personal animals to shelters.

_____(Please initial) I agree to maintain confidentiality of sensitive information that I have access to, especially regarding the identities of owners of animals that have been seized, turned in, neglected, surrendered, or adopted.

_____(Please initial) I understand that as an animal rescue volunteer my pets and I could be exposed to a variety of animal diseases and that GAR strongly recommends that I keep my pets up to date on all vaccinations.

_____(Please initial) I understand that I must sign a Waiver of Liability.

_____(Please initial) I understand that I must be 18 years or older to volunteer. (If between the ages of 16 to 18 - I understand that my parent must sign permission for me to volunteer).

_____(Please initial) I understand that if I am approved to foster an animal through GAR that my cats and dogs must be current on vaccinations and spayed/neutered.

_____(Please initial) I understand if I resign or am removed from membership I agree to return any GAR property in good, clean condition. No cages/crates are to be loaned to anyone outside of the group.

References

Please provide the name, relationship, phone number, and email addy (if available) of 3 personal references.

1. _____

2. _____

3. _____

4. If you own #cat(s) ____ or #dog(s) ____ Please list your veterinarian _____

Signature of Volunteer Applicant

Signature of volunteer
(An unsigned application cannot be accepted).

Date

(Please print your name)

Your application will be reviewed and *upon acceptance* you will be contacted for an interview to discuss your goals as a volunteer. We very much welcome new members and need your support, commitment, and ideas to help further the cause of humane animal welfare in Giles County.

Applications can be mailed to GAR at P.O. Box 354, Pearisburg, VA 24134, or a signed and scanned form sent by email to gilesanimalrescue@gmail.com. Feel free to call us at 540-922-3958 or attend one of our monthly meetings, held the second Wednesday of the month at Pembroke Town Hall.

OFFICE USE ONLY

Date received: _____ **Date contacted:** _____ **Date of Crim. BG ck** _____

Date approved: _____ **Date Rejected :** _____

Background check completed by GAR member: _____

(Please print your name)