

Great Dane Rescue Of the Commonwealth

www.gdroc.com



VOLUNTEER/FOSTER APPLICATION

Those applying to volunteer, please complete the below portion designated, sign on page 5 and sign the liability waiver on the last page. Those applying to foster, please complete the entire application

Name: _____ Spouse: _____

Address: _____

Telephone #: (H) _____ (C) _____ (W) _____

E-mail address _____

Do you have any animals? Yes No If yes, please list them below:

NAME	TYPE	BREED	SPAYED/NEUTERED	AGE
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and phone number of your veterinarian:

Are your pets on heartworm preventative? Yes No
If yes, what kind? _____

If any of your pets are not spayed or neutered, why?

What happened to any previous pets you have owned?

Have you ever obedience trained a dog (through classes)? Yes No

What kind of vehicle do you drive? Sedan Truck SUV Van
 Convertible

Is it large enough for a Dane to ride comfortably in the cab? Yes No

How did you learn about Great Dane Rescue Of the Commonwealth?

Internet Friend Other _____

Would you be able to: (please check all that apply)

- Handle foster Danes at meet and greet events
- Help conduct house checks
- Process applications
- Assist in fundraising
- Attend monthly meetings (1st Sunday of each month at 6 PM)
- Transport Danes
- Check shelters



Why do you want to volunteer with GDROC?

Please list the name and telephone number of two individuals (other than relatives) who knows/has known your other animals:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

May we visit your home and contact your references to verify the above information you have provided? Yes No

FOSTER APPLICANTS

Do you have a lifestyle that would allow you to properly care for a foster Dane?
 Yes No

Will you take your foster Great Dane to obedience classes? Yes No

Would you be willing to foster a Dane with special needs:

- Older Deaf Blind Needs daily medication Needs training

Why do you want to foster a Great Dane?

How many hours a day will the foster Great Dane be left alone?

Please list names and relation of anyone else residing in your home. If any children, please list their age.

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Have you or anyone in your immediate family ever been convicted or charged with cruelty to animals or child abuse? Yes No

What is your occupation?

Company name and telephone number:

How long have you worked for this employer?

What are your work hours? _____

Please check which best describes your home:

- Apartment Condo
 Townhouse Duplex
 Mobile Home Military Housing

Do you own or rent your home? Own Rent

If renting, does your rental agreement permit you to keep pets? Yes No



How long have you lived in your home?

Landlord's name and phone number:

Is anyone in your family home during the day? Yes No

Do you have a fenced in yard? Yes No

What kind of fencing and how tall?

If you have a pool, is it fenced? Yes No

Where will you keep your foster Dane during the day? _____

Where will you keep your foster Dane at night? _____

Where will you keep your foster Dane if your family is away overnight or on vacation?

Are you aware of the leash laws in your city? Yes No

Do you abide by them? Yes No

Are you able to keep your pets and your foster Dane separate should the need arise?

Yes No

Do you have a big enough crate for your foster Dane? Yes No

As a foster home are you willing to commit to making the Dane available to those interested in adopting? (i.e. attending meet and greets, scheduling visitation in your home)

Yes No

Will you be able to administer medications and provide surgical aftercare for your foster?

Yes No

Are you going to be able to provide transportation to and from vet for your foster?

Yes No

Why would you be a good foster home for a Great Dane?

Signature of Applicant



_____ Date: _____

Return Application to:

Great Dane Rescue of the Commonwealth
C/o Linda Ciely
5300 Hickory Ridge
Virginia Beach, VA 23455

*For quicker processing, you may submit this application via e-mail, however, please be aware that a signed copy must also be mailed to the above address. You may email to lynndaug@hotmail.com

LIABILITY RELEASE AND WAIVER FORM



I, _____, have voluntarily contacted the Great Dane Rescue Of the Commonwealth (GDROC) and have expressed interest in either adopting, fostering, or volunteering for GDROC. In consideration of GDROC's agreement to allow me to view and/or interact with Great Danes in their custody and care, I hereby for my heirs, my personal representatives, and myself represent and warrant as follows:

1) I am fully aware of the risks that dogs pose and have elected to view and/or interact with one or more dogs in the care of GDROC voluntarily. I knowingly assume all risks that exposure to dogs may pose, including but not limited to serious bodily injury and/or death, damage to personal property, and any harm to my own animals.

2) **I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO BRING SUIT AGAINST GDROC**, it's directors, officers, volunteers, staff, and all other agents and attorneys for any of the referenced parties, from any and all rights and claims which I have or which may hereafter accrue to me and from any and all damages which may be sustained to me directly or indirectly in connection with, or arising out of, my exposure to such dogs.

Signed this _____ day of _____ 20_____

Witness

Signature

Signature

Signature