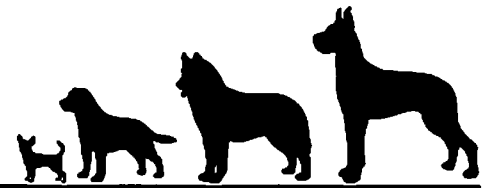




# Volunteer Application



LastHopeRescueFL@gmail.com 🐾 Last Hope Rescue, Inc. 🐾 (850) 545-8872

Please return via mail to PO Box 13723, Tallahassee, FL 32317 or email to  
LastHopeRescueFL@gmail.com

<b>Name</b>		<b>Date of Birth</b>	
<b>Address</b>			
<b>City</b>		<b>State &amp; Zip</b>	
<b>Home Phone</b>		<b>Cell Phone</b>	
<b>Email Address</b>			

## Volunteer Opportunities

(please circle or mark as many as you wish):

### Home Visits

Would you like to Meet with applicants at their home to make sure the environment will be a good place for a dog and that the applicant is committed to providing a safe and loving home? Training is provided. YES or NO

### Foster Care

Would you like to Provide a temporary home for at least two weeks for a dog while it's waiting to be placed in a permanent home? Some dogs may require behavior training or vet care while in foster, LAST HOPE RESCUE (LHR) pays all vet costs. Some dogs will need to be fostered for longer than two weeks. We will do our best to match you with a dog that matches your abilities. Training is provided. YES or NO

### Fundraising Events

Would you like to Help staff and/or co-chair a fundraising event to help offset the costs of running a rescue? YES or NO

### Transport

Would you like to Pick up or deliver dogs to/ from: vet clinics, new adoptees, shelters, or owners who are surrendering their dog? YES or NO

### Officer/Board of Directors Member

Would you be interested in a Position as a director or officer for LAST HOPE RESCUE? YES or NO

Do you rent your residence or own your residence?	
If you rent, what is you Landlord's name?	
Landlord's phone number:	
What hours is someone usually home?	
Would you mind if we did a home inspection?	
Is there anyone in your household under the age of 18?	
Please list the names and dates of birth of all members of your household both <u>over and under 18</u> (i.e. spouse, children, roommates):	
Please list all of your current pets:	
Type of pet: _____ Is this animal male/female OR spayed/neutered?	
Type of pet: _____ Is this animal male/female OR spayed/neutered?	
Type of pet: _____ Is this animal male/female OR spayed/neutered?	
Type of pet: _____ Is this animal male/female OR spayed/neutered?	
Type of pet: _____ Is this animal male/female OR spayed/neutered?	
Who is your veterinarian?	
Phone:	May we contact them for a referral?
Are your current pets vaccinated?	
Will your foster dog spend most of its time indoors, outdoors, or both?	
Is your yard fenced?	If yes, what type and height?
Is there shelter?	If yes, what type?
Are you currently fostering for another rescue?	
Have you previously fostered?	
Do you have a preference as to breed, age, sex, size of the animal(s) you would like to foster?	

## **Last Hope Rescue (hereafter "LHR") Hold Harmless Agreement**

By signing this Agreement, the applicant agrees the conditions of this "Hold Harmless Agreement" below, waives and releases any means of legal action or ability for recourse on the applicants' or approved applicants parts to claim any scope of liability claim of negligence or malfeasance of recourse against Last Hope Rescue due to incident, accident of any kind related to said role while representing Last Hope Rescue. This is inclusive while use of personal means if transportation while serving as a Last Hope Rescue volunteer.

I understand that as a volunteer working with LHR, due to the nature of rescuing/saving the lives of unwanted, neglected, abused and overlooked animals whose time is up in the high kill shelters, that LHR may not know the full background/heritage of the dogs, their personalities, history, or problems, either behavioral, biological or medical for the dog(s) I will work with. I understand that part of being a volunteer is that I willingly accept the possibility of a bite or injury from a dog(s) I may work with or come in contact with. Likewise that other persons, parties or animals may be bitten or otherwise injured by the dog(s) I work with or foster.

### **Affirmation**

- By my signature on this form, I hereby certify that I have read the above Hold Harmless Agreement, as well as this entire document, understand all of the terms and hereby willingly, knowingly and voluntarily agree to its terms. I agree that this document shall be interpreted as if both parties equally were involved in drafting this Hold Harmless Agreement order statutory Interpretation of this agreement.
- I understand that this application does not guarantee acceptance into membership in the volunteer program offered by LHR and I give permission to verify this information.
- If accepted into membership, I agree to abide by the terms, conditions, and understandings of membership in this organization. Further, I agree to support the Mission of LHR and abide by the bylaws, as well as any policies and procedures developed by the Board of Directors. I acknowledge that failure to do so can result in my removal from membership at any time by a majority vote of the active members, subject to the rules and bylaws of the organization called LHR. (The rules and bylaws are or will be provided to me and I agree to read them and abide by them as a volunteer for LHR.)
- I have never been charged with animal cruelty and I am not and never have been an animal dealer or broker.
- I am volunteering my services to LHR and acknowledge that such act(s) may involve risk of harm from dog bites or from other activities I may perform. I hereby acknowledge that I am familiar with dogs and dog behavior and understand my responsibilities as a volunteer. I also acknowledge that I will attend the pertinent training classes with LHR, and intend to follow those training suggestions, directions, policies and procedures.
- I acknowledge and understand that the dogs involved in the LHR program may be untrained or unhealthy (or even strays with no past historical information available) and that LHR makes no representations whatsoever regarding the dog's temperament, health (including the presence or absence of diseases transmissible to humans or other animals), age, ability, attitude or ability to be trained, I release LHR from any responsibility for any disease, illness, or injury I may transmit to my person, family, and the general public or other animals as a result of my volunteer activities.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LHR Representative: \_\_\_\_\_ Date: \_\_\_\_\_