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| --- | --- |
| PGDR Volunteer &Transportation Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Drivers license # |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| Transporting |
| Events |
| Field work |
| Fundraising |
| Deliveries |
|  |
|  |
|  |

## Special Skills or Qualifications

### Summarize your experience with Large breed dogs, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
|  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience. Please include 2 references.

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. All applicants are subject to background checks.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us.

Sincerely,

PGDR TEAM

Board Members

Terri Preisel- President Kasarah Emery- Vice President

Michelle Bayer- Secretary Peggi Tedrow- Treasurer

Brittany Clark- Secretary Ashlee Pegg- Officer

Donna Davis- Accountant

THANK YOU FOR VOLUNTEERING!

ALL LIFE IS PRECIOUS TO US, WITH YOUR HELP WE ARE SAVING LIVES ONE DANE AT A TIME

A FEW THINGS BEFORE WE START.

PLEASE KNOW THAT ALL OF THESE DOGS HAVE A BACK STORY SOME WE DO NOT KNOW. ALSO KEEP IN MIND THAT SOME HAVE HAD SERIOUS MENTAL OR PHYSICAL TRAUMA, WE ASSUME ALL DOGS ARE UNPREDICTABLE UNTIL PROPERLY EVALUATED BY OUR TRAINED AND CERTIFIED STAFF. THIS IS THE REASON FOR OUR COLOR CODED SYSTEM. PLEASE DO NOT IGNORE IT. WE ALSO MONITOR VIDEO AND AUDIO ON 12 CAMERAS ACROSS THE ENTIRE PROPERTY.

1. THIS IS FIRST AND FOREMOST MY HOUSE AND PROPERTY PLEASE BE RESPECTFUL -TERRI
2. NO “FRIENDS” ON PREMISE, ALL NEED TO BE APPROVED VOLUNTEERS.
3. ALL DOORS AND GATES TO BE CLOSED AT ALL TIMES.
4. RESPECT THE COLOR CODE SYSTEM.
5. ALL DOG INFO IS ON THE DOORS, IF YOU NOTICE SOMETHING PLEASE RELAY IT TO ONE OF US

WHAT YOU ARE EXPECTED TO DO

1. CLEAN INTERIOR KENNELS USING TOOLS PROVIDED, IF SOMETHING IS NEEDED PLEASE LET US KNOW, OR IF YOU HAVE A BETTER IDEA WE ARE OPEN
2. CLEAN EXTERIOR KENNELS, BAGS AND TOOLS PROVIDED AND NEED TO BE PLACED IN BROWN BIN
3. CLEAN GLASS DOORS ON INSIDE
4. CLEAN PLAY YARD
5. MONITOR DOG BEHAVIOR
6. GREEN DOG ENRICHMENT IN PLAY YARD
7. FEEDING AND MEDICATING ACCORDING TO WHAT THE DOG NEEDS
8. STOCK SHELVES AND ORGANIZE
9. ORGANIZE SHEDS WITH INCOMING DONATIONS
10. LOG DONATIONS
11. REPORT ANY CHANGES IN BEHAVIOR, CORRECT ANY BAD BEHAVIORS

ANY HELP PAST THIS IS TRULY AMAZING, THANK YOU FOR ALL YOUR HELP!

**KENNEL RULES**

1. **NO LOOSE DOGS IN THE ISLE WAY**
2. **ALL EXTERIOR DOORS AND GATES CLOSED**
3. **DOGS TO BE LOCKED OUT WHEN CLEANING INSIDE KENNELS**

**OUTSIDE KENNELS-DOG CAN BE LOOSE IN PLAY YARD.**

1. **READ ALL KENNEL DOORS FOR DOG CLASSIFICATION**

**\*GREEN - OK TO HANDLE**

**\*YELLOW- HANDLE WITH CAUTION STILL BEING EVALUATED**

**\*RED- READ SUB CLASSIFICATION\***

**\*RED- DOG AGGRESSIVE**

**-SMALL ANIMAL AGGRESSIVE**

**-TINY HUMAN AGGRESSIVE**

**-WOMAN/MAN AGGRESSIVE-----*THESE DOGS ARE NOT TO BE HANDLED BY VOLUNTEERS\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\****

**PLAY YARD RULES**

1. **ALL DOGS USE THE PLAY YARD ONE AT A TIME**
2. **LOCK ALL OTHER DOGS IN INTERIOR KENNELS BEFORE ALLOWING DOG LOOSE IN YARD. \*THIS PREVENTS FENCE FIGHTING\***



CANINE COLOR CODE HANDLING SYSTEM

***\*GREEN* - OK TO HANDLE, INSIDE AND OUT.**

**WORK ON LEASH WALKING AND TRUST**

***\*YELLOW*- HANDLE WITH CAUTION STILL BEING EVALUATED.**

**THIS CLASSIFICATION IS TO MOVE THE DOG FORWARD INTO GREEN. WE WOULDN’T LET YOU HANDLE THEM IF WE WERE NOT SURE THEY SAFE FOR HUMANS**

***\*RED- READ SUB CLASSIFICATION\****

**-RED- DOG AGGRESSIVE-**

**-SMALL ANIMAL AGGRESSIVE-**

**-TINY HUMAN AGGRESSIVE-**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**THESE DOGS CAN BE HANDLED BUT USE CAUTION AND DO NOT EXPOSE THEM TO THE THINGS THEY ARE AGGRESSIVE TOWARDS.**

**PLEASE REMEMBER THESE ARE STILL ANIMALS-VERY BIG ANIMALS! THEY DO A LOT OF DAMAGE QUICKLY!**

**PLEASE SEE BELOW FOR YOUR SAFETY**

**-WOMAN/MAN AGGRESSIVE-**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\***

***\*\*THESE DOGS ARE NOT TO BE HANDLED BY VOLUNTEERS\*\****

VOLUNTEER INJURY RELEASE FORM

RELEASE OF LIABILITY AMD HOLD HARMLESS AGREEMENT

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in consideration of being given the opportunity to volunteer at the premises of Pennsylvania Great Dane Rescue and Rehab located at 2450 EastBrook Rd New Castle, PA 16105, hereby release, waive, and discharge, and covenant not to sue, the facility, and its members, managers, board members, officers, agents, subsidiaries, and affiliates (hereinafter referred to collectively as “Releasees”), and to indemnify, defend, and hold harmless the releases from any and all liabilities, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by me, or to any property belonging to me, or may be caused by me, while in, on, or upon the premises of the facility.

I understand that there may be inherent risks involved with volunteering at rescue facilities, and I am freely assuming those risks. I understand that it is not possible to predict every situation in which I may be injured while at the Facility.

I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damages or costs, including court costs and attornery,s fees, that may be suffered or incurred by the Facility due to my time spent at the Facility, whether caused by the negligence of Releasees or otherwise.

It is my express intent that this Agreement shall bind the members of my family and spouse, and my heirs, assigns, and personal representatives, if I am deceased, and shall be deemed as a release, waiver, discharge, and covenant not to sue the above named Releasees.

If any part of this Agreement is held invalid or rendered unenforceable by law, the remainder of this Agreement shall nevertheless remain enforceable to the full extent allowed by law. I understand that no wages will be paid to me by the Facility for my time spent in this volunteer activity.

I sign this Agreement voluntarily of my own free act and deed; I certify I am fully competent; and I execute this Agreement for full, adequate and complete consideration, fully intending to be bound by the same.

I, the undersigned, have read and fully understand the paragraph above.

Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_

***If participant is under Eighteen (18) years of age, a parent’s signature must be signed below. Otherwise, leave this section blank.***

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_

\*PROOF OF HEALTH INSURANCE REQUIRED\*