

# Doberman Rescue of Nevada

www.drnv.org  
702-672-7204



## VOLUNTEER APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Driver's License State/No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Are You Married Living with Partner Single Living with Roommates

Age 18-21 21-40 +40-60 60+

Previous Doberman ownership Yes No If yes, describe \_\_\_\_\_

Areas of volunteer interest transporting Dobes walking, quiet/play time with Dobes telephoning references  
home visits other \_\_\_\_\_

Why do you want to work with rescued Dobermans? \_\_\_\_\_

Animal rescue groups for which you currently volunteer or have previously volunteered:

Name \_\_\_\_\_ Phone \_\_\_\_\_ From/To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ From/To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## PLEASE LIST ALL ANIMALS OWNED DURING THE PAST 5 YEARS (LIVING AND DECEASED)

### CURRENT

ANIMAL NO. 1

NO. 2

NO. 3

NO. 4

NAME, BREED

SEX, AGE

SPAYED/NEUTERED

WHERE HOUSED/SLEEP

### PREVIOUSLY OWNED

ANIMAL A

ANIMAL B

ANIMAL C

ANIMAL D

NAME, BREED

SEX, AGE

SPAYED/NEUTERED

WHERE ARE THEY NOW

(e.g., ran away, lost, hit by car;  
if put to sleep/died, why/how;  
if given away, why and to whom)

## LIMITATIONS

Please list any allergies, physical restrictions, prescription medications or special needs about which we should be aware or that might affect your volunteer activities:

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## AVAILABILITY

Please indicate the days and approximate times you usually are available to volunteer:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

## REFERENCES

### FAMILY

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### NON-FAMILY

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## **VOLUNTEER AGREEMENT**

***By signing this form, I understand the commitment involved and acknowledge that my services are offered at my own risk. I agree to indemnify, defend and hold harmless Doberman Rescue of Nevada (DRNV) and any of its associated facilities from and against any claims, lawsuits, injuries, damages, costs or expenses whatsoever, sustained by any animal or person in connection with my intentional or unintentional negligent performance of volunteer activities or breach of DRNV rules, regulations, policies or programs.***

***As an organization that rehomes homeless dogs, Doberman Rescue of Nevada (DRNV) often does not have medical or behavioral history (including rabies vaccinations or lack thereof) of the animals with whom volunteers will come in contact. Therefore, a certain amount of risk is always involved. DRNV strongly recommends all volunteers have current tetanus vaccinations. Pregnant women and persons with suppressed immune systems should consult with a doctor prior to volunteering.***

***In consideration of this opportunity to volunteer at DRNV, I agree to the following terms and conditions and consider them legally binding:***

***I will abide by the mission, rules, regulations, policies and programs of DRNV.***

***I assume the risk of being bitten, scratched or injured in connection with my volunteer work. DRNV is not liable to me for any injuries, illness, damages, liabilities, losses, judgments, cost or expenses whatsoever which I might suffer or sustain in connection with my volunteer efforts.***

***If I cease my volunteer activities or upon request by DRNV, I will promptly return all DRNV supplies, equipment, records, animals, monies and other items in good, clean condition.***

***I understand that DRNV may refuse or cancel volunteer applications and status for any reason.***

***I have accurately and truthfully completed this volunteer application and agreement.***

**THE INFORMATION ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If applying online, please type your name as your signature*

Doberman Rescue of Nevada is the sole owner of the information collected on this site/form.

We do not sell, share or rent this information to others in ways different from what is disclosed in this agreement.

Doberman Rescue of Nevada does not collect any personal information whatsoever.

If you choose to share personal information via some form of correspondence, such information will not be sold, shared or rented to others

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