



ANIMAL RESCUE OF THE ROCKIES

P. O. Box 5531 Breckenridge, CO 80424 Phone: 970-389-8324 Fax: 303-648-4678
Email: arrcolorado@gmail.com Website: www.arrcolorado.org

Contact Information

Name	
Street Address	
City State & Zip	
Home Phone	
Cell Phone	
E-Mail Address	
Date of Birth	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings
_____ Hours per _____ Long Term or Short Term availability?
week

Interests

Which of the following animals do you prefer volunteering with?

Dogs
 Cats
 Both

Tell us in which areas you are interested in volunteering:

Attending Events
 Volunteer Training & Coordination
 Fostering an Animal
 Transportation (vet appointments, pick up from transport)
 Home Visits
 Foster & Adoption Coordination
 Database Entry & Bookkeeping
 Publicity – Media & Community Liaison
 Fundraising & Grant Writing
 Graphic Design

General Questions

Why do you want to volunteer with Animal Rescue of the Rockies?

How did you hear about Animal Rescue of the Rockies?

Prior Convictions

Have you ever been convicted of a felony or of animal abuse?

Handling Experience

Do you have experience handling and working with animals?

Do you currently have any pets? If yes, please include type of pet.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience. If you have or currently volunteer with an Animal Rescue organization, please include the name of organization.

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Person to Notify in Case of Emergency

Name	
Relationship	
Address	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

Thank you for submitting your volunteer application for Animal Rescue of the Rockies! By signing below, you give permission for a representative of A.R.R. to contact references provided on this form. Applicant further acknowledges that all information contained in this application is true and correct, and that any misrepresentation may result in immediate termination in Volunteer Program.

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.

Please email your application/waiver to: arrcolorado@gmail.com. Thank you!

After review, a representative of A.R.R. will contact you to discuss volunteering with our organization.

Our Mission Statement: Animal Rescue of the Rockies pulls homeless dogs and cats from overcrowded shelters and places them in loving foster homes until their forever homes are found. We promote spaying and neutering to reduce pet overpopulation and encourage quality relationships between pets and their people through behavior resources and training.



ANIMAL RESCUE OF THE ROCKIES

Release of Liability Waiver - Volunteers

I agree to release, discharge, indemnify, and hold Animal Rescue of the Rockies harmless of any and all damages to my person or personal property while performing my volunteer services to Animal Rescue of the Rockies in a voluntary capacity.

I hereby release, discharge, indemnify and hold harmless Animal Rescue of the Rockies, its agents, directors, and members from any and all claims, causes of action or demands, of any nature or cause connected with my volunteer work. This might include cost and attorney fees and court costs incurred by Animal Rescue of the Rockies in connection with my volunteer services based on damages or injuries, which may be incurred or sustained by me in any way.

I agree on behalf of myself, my heirs, personal representatives and executors to allow Animal Rescue of the Rockies to use any photographs or videos taken of me for use in public relations or marketing efforts.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing volunteer agreement and that I will comply with the same.

Volunteer Signature:

Date:

If volunteer is a minor, parental or guardian approval and signature is required below:

Parent or Guardian Signature:

Date: