



# Canine Companions Rescue Center

Website: [www.ccrcdogs.com](http://www.ccrcdogs.com)  
Email: [ccrcdogs@ccrcdogs.com](mailto:ccrcdogs@ccrcdogs.com)  
Phone: (248) 834-9419

## Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ May we call you at work?  Yes  No  
E-Mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
In case of emergency please notify:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Check any of the following you are interested in:

- |   |   |
|---|---|
| <input type="checkbox"/> Temperament Testing          | <input type="checkbox"/> Community Projects |
| <input type="checkbox"/> Press release/Write articles | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Dog adoption shows           | _____                                       |
| <input type="checkbox"/> Grants/Fundraising           | _____                                       |
| <input type="checkbox"/> Training /Working with dogs  | _____                                       |
| <input type="checkbox"/> Fostering                    | _____                                       |
| <input type="checkbox"/> Education                    | _____                                       |

Do you have any professional experience with animal-related fields (vet technician, trainer, groomer, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

Have you done volunteer work in the past (please describe when, where, and why you left)?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special skills that you think may be helpful?

\_\_\_\_\_  
\_\_\_\_\_

How do you feel about euthanasia? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Waiver of Liability and Agreement to Indemnify

The Undersigned acknowledges that he/she desires to perform certain services (collectively, the "Services") for CCRC, a Michigan non-profit corporation ("CCRC"). The Undersigned further understands and acknowledges that certain risks may be associated with performing the Services.

In consideration of being permitted to perform the Services for CCRC, the Undersigned, for himself/herself and his/her heirs and representatives voluntarily and knowingly executes this document and expressly waives any and all rights, claims, or causes of action including, without limitation, those involving bodily injury or property damage to the Undersigned, or the the Undersigned's family or property while the Undersigned is engaged, directly or indirectly, in performing the Services, whether or not caused by the negligence of CCRC, its officers, directors, agents or employees.

In further consideration of being permitted to perform the Services for CCRC, the Undersigned hereby agrees to indemnify, defend and hold CCRC, its officers, directors, agents and employees harmless from and against any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand, or cause of action, brought against CCRC, its officers, directors, agents or employees, jointly or individually, for bodily injury or property damage suffered as a result of the Undersigned/s negligent, reckless or willful act or omission in the performance (or failure to perform) of the Services.

The Undersigned has read and fully understands the contents of this Waiver of Liability and Agreement to Indemnify. The Waiver of Liability and Agreement to Indemnify shall continue in full force and effect until terminated in writing and in the event of such termination shall remain applicable to all matters occurring or first arising on or before the date of such termination, regardless of such termination.

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Signatory's Signature

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Driver's License Number of Signatory

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Signatory's Name

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Signature of Legal Guardian  
(Required if Signatory is a minor)

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Address

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Witness  
(Application will not be processed without a witness' signature)

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Telephone Number



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**Please Complete the Following If You Are Interested in Fostering a Rescue Dog:**

Do you :  Own  Rent Do you live in a/an:  Apartment  House  Condo  Trailer  
 Are there any pet restrictions where you live?  Yes  No  
 If yes, what are they? \_\_\_\_\_

Do you have a completely fenced yard?  Yes  No  
 If yes, height of fence: \_\_\_\_\_ Type of fence: \_\_\_\_\_  
 If no, how will you contain the foster dog to your property (be specific)? \_\_\_\_\_

How many live in your home? Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages of children \_\_\_\_\_

Approximately how many hours per day will the dog be left alone? \_\_\_\_\_  
 Where do you plan to keep the dog during the day? \_\_\_\_\_  
 Where do you plan to keep the dog during the night? \_\_\_\_\_

Do you have other animals?  Yes  No If yes, please list them below.

Type	Age	M/F	Neutered/ Spayed/Intact	Dominant/Submissive with other dogs	Behavior Issues

Veterinarian Reference: Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

## Foster Agreement

As a foster care provider, I agree to follow the Canine Companions Rescue Center ("CCRC") guidelines in this agreement and all rules of the organization.

I will provide each rescued dog with comfortable, clean housing, food and fresh water available at all times. I agree to keep any rescued dog in a secure, fenced environment or on a leash at all times.

Veterinary care such as, but not limited to, vaccinations, heartworm tests, heartworm preventative, fecal tests, and spay/neuters will be provided by a CCRC approved vet. All such expenses (including emergency situations) must be approved in advance by CCRC. As a foster, I may need to transport the dog to the vet for these services.

I agree to make the dog available for appointments and transport the dog to shows so they can be seen. HW pills will need to be picked up at the kennel monthly.

I will contact CCRC immediately if there is any change in the dog's health, personality or eating habits. I will notify CCRC immediately if a dog is lost or stolen and make all reasonable efforts to locate the dog.

I agree to all the above terms and conditions and understand that CCRC will retain ownership of any dog I foster for them until it is adopted. If I choose to adopt a dog from CCRC I will pay the full adoption fee and fill out all standard adoption forms.

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

Please initial any items you are borrowing from CCRC:

Initials	Quantity	Initials	Quantity
_____ Metal crate	_____	_____ Dog Leash	_____
_____ Plastic Crate	_____	_____ Kennel (pen)	_____
_____ Other _____			
_____ Other _____			

Upon terminating my foster agreement with CCRC I agree to return all of the above items. This contract may be terminated by the foster or CCRC at any time without reason.

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