



# Canine Companions Rescue Center

PO Box 596, Oxford, MI 48371

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: \_\_\_\_\_

What types of help would you like to provide (training/grooming/fostering/dog handling/fundraising/community service/etc.)? \_\_\_\_\_

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

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

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

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## 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

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

What types of dogs/pups would you prefer to foster?

- Anything Needed
- Adults
- Small
- Large
- Litters
- Recovering from Illness
- Puppies
- Seniors
- Medium
- Pregnant
- Needs Behavior Work (non-aggressive)
- Recovering from Spay/Neuter

How will you contain your foster inside when you are not directly supervising? \_\_\_\_\_

\_\_\_\_\_

How will you contain your foster outside? \_\_\_\_\_

\_\_\_\_\_

Do you have the means to transport your foster to adoption events and vet appointments?  Yes  No  
Are your current pets ok with other animals?  Yes  No  n/a

Please list your current pets:

Type	Spayed/Neutered? (Y or N)	Up to date on shots? (Y or N)