

# GERMAN SHEPHERD RESCUE of SOUTHEASTERN PENNSYLVANIA

www.gsr-sp.com

Please return form to:
Donna Solinger
3865 Anne Street, 1st Floor
Drexel Hill PA 19026

#### **VOLUNTEER APPLICATION QUESTIONNAIRE**

German Shepherd Rescue of Southeastern Pennsylvania ("GSR-SP") was established in early 1999 to address the need to provide for the rescue and care of pure-bred German Shepherds who have been abandoned or turned into animal shelters in the Philadelphia and surrounding counties area. GSR-SP is completely staffed by volunteers who love dogs and have a particular fondness for the German Shepherd breed. GSR always welcomes new volunteers and we are delighted that you are interested in helping out. Please take the time to complete this questionnaire and return it to the above address. After reviewing the information you provide, one of our GSR-SP representatives will contact you regarding your time availability and the volunteer activities in which you have expressed an interest.

Today's Date:	
Name:	
Address:	
Day Phone #: ( )	Evening Phone #: ( )
E-mail address:	
E-mail address:	
Driver's License Number:	State of Issue:
Driver's License Number:	State of Issue:

## QUESTIONS REGARDING YOUR EXPERIENCE WITH DOGS AND OTHER PETS

1. What other animals currently live at your residence? (*Please list and explain each below.*)

Name	Type of Pet	Sex	Age	How Long Owned?	Kept Where
1		M or F			
2		M or			
3		M or			
4		M or			
	ed dogs in the past? [	]Yes [	]No	f "Yes", please indica	ate the
			the dog? (i	e., died from? Gave aw	
llowing:  BREE				e., died from? Gave aw	
llowing: BREE			the dog? (i	e., died from? Gave aw	
BREE  1. 2. 3. Do you have expended the second control of the seco		nappened to	the dog? (i because	e., died from? Gave aw??)	vay
BREF  1. 2. 3. Do you have exheck all that apply)	CD What I	nappened to	the dog? (i because	e., died from? Gave aw??) og-related areas of w	vay
BREE  1. 2. 3. Do you have exheck all that apply)  ]Dog Breeding	What I What I was a sperience/training in ar	nappened to	the dog? (i because	e., died from? Gave aw ??) og-related areas of w [ ]Kennel Assistant	vay

<b>4.</b> Have you ever been bitten/attacked by a dog? [ ]Yes [ ]No <i>If "Yes", please explain</i> :
5. Are you comfortable approaching dogs that you do not know? [ ]Yes [ ]No
<b>6.</b> Do you understand that dogs may be unpredictable and that GSR cannot guarantee that a dog, which we are attempting to rescue, may not become aggressive? [ ]Yes [ ]No
7. Are you willing to assume the risks involved with working with animals who are sometimes frightened and who are in unfamiliar surroundings and the possibility that the dog may become aggressive and/or bite you or a companion? [ ]Yes [ ]No
<b>8.</b> Have you ever been investigated for/charged with any crime(s), including crimes related to mis-treatment of or cruelty to animals? [ ]Yes [ ]No
9. Does your home have an outdoor kennel or other facilities for the temporary housing of rescued dogs? []Yes []No
10. What type of vehicle do you have for transporting dogs?
11. Are you willing to accept any risk involved in transporting a dog inside your vehicle?  [ ]Yes [ ]No

### **QUESTIONS REGARDING OTHER VOLUNTEER ACTIVITIES**

been involved?	
/week	ed in the past (other than listed in
GARDING YOUR INT SR-SP?	EREST IN GSR-SP
y you are interested in vo e German Shepherd bree	olunteering for a group dedicated ed:
	vices have you performed organizations?  GARDING YOUR INTERPORT OF THE PROPERTY OF THE PROPERT

17. Please indicate, by checking  $(\sqrt{})$  as many boxes that apply to the types of volunteer work you would like to do and your availability in terms of time:

	YES	NO	Often	Sometimes	Occasionally	Hours availa
Transport Dogs						
Evaluate Dogs						
Make Phone Calls						
Receive Phone Calls						
Temporary Shelter for						
Dogs/Foster						
	YES	NO	Often	Sometimes	Occasionally	Hours availa
Web Design and/or web						
Management; other						
computer related skills						
Fundraising						
Increasing Awareness of						
GSR-SP by sitting at dog						
shows/pet shops						
Contributing to						
Newsletter						
Other: (please explain)						_
		•				

18. Do you presently have a driver's license? [ ]Yes [ ]No  Yes - State/License #			
<b>19.</b> Do you have auto insurance? [ ]Yes [ ]No information:	If "Yes" - Please provide the following		
Insurance Co.: Policy #: _			
Effective Dates:			
<b>20.</b> Do you have health insurance? [ ]Yes [ ]No	If "Ves" - Please provide the following		
information: Insurance Co.:	Policy #:		
Effective Dates:			

<b>21</b> . Please l	ist two (2) references w	hom we may contact and state	their relationship to
you. Refer	ences cannot be family	members of the immediate hou	isehold, and no more
	on-resident family members below)	per may be used as a personal i	reference. (If you wish
<b>P</b>	Name	Phone # (w/ area code)	Relationship
	1.	( )	
	2.	( )	
	use the space below to or selevant or important a	explain/describe any other info	ormation, which you
	<b>QUESTIONS FOR A</b>	APPLICANTS WISHING TO	) FOSTER
•	our home have an outdo	or kennel or other facilities for	the temporary housing
•		ou travel often? [] NO [] og by (please explain:)	YES, but during my

**25.** How many people currently live at your residence, *including you*? (Please list and explain relationship of each below.)

Relationship to you	Age
	Relationship to you

<sup>\*</sup>Please use the back of this paper to indicate more people residing at your home

<b>26.</b>	Which of the following best describes your current residence? (Please check only one					
respo	onse.)					
	[ ] I/We own a single home	[ ] I/We rent/lease a single home				
	[ ] I/We own a condo/townhouse	[ ] I we own a				
	rowhouse/twin/duplex					
	[ ] I/We rent/lease a condo/townhouse	[ ] I/We rent/lease a				
	rowhouse/twin/duplex					
	[ ] I/We rent an apartment	[ ] I/We own or rent a mobile				
	home/trailer					
	[ ] Other					
* PL	EASE NOTE: If you rent/lease your place of residence.	ence, a copy of your lease will be requested				

- 27. Introduction of a foster dog may require you to keep it separated from your current pets. Do you have safe areas in your home where this can be done or a plan on how you would go about keeping your animals both safe and comfortable? Please explain briefly.
- **28**. Please list three (3) personal references and a veterinary reference whom we may contact and state their relationship to you. References cannot be family members of the immediate household, and no more than one non-resident family member may be used as a personal reference.

Name	Phone # area coo		Relationship
1.	(	)	
2.	(	)	
3.	(	)	

before you are permitted to foster.

	4.	(	)			7	
						<u> </u>	
appreciative abandoned guarantee guarantee guarantee guarantee guarantee abandoned guarantee guarantee abandoned guarantee abandoned guarantee abandoned guarantee gua	ye of your time animals carry you that the do ng certain risks you to understant activities you warately completed in working arn Pennsylvaniof all of the dog	and efrisks. g may s if you nd and yould li ted this g with t ia cann gs whice nay ha	Fort. He We can not become agree to acknow ike to particular to the dogs not be reach it see we been	owever anot pre ome ag to work vledge t articipa onnaire s. I und esponsib eks to re abando	hese porte.  and have erstand ble for the scue and becomed, becomed	a welcomes all volunteers and is most st caution you that working with stray as temperament of any dog and cannot. Therefore, you must understand that you with the dogs.  Therefore deciding in which the temperament of any dog and cannot with the dogs.  Therefore, you must understand that you with the dogs.  Therefore deciding in which the read the above warning and appreciate that German Shepherd Rescue of the actions, behavior and/or medical all agree to assume the risks implicit in the action, or otherwise mistreated or abused,	ou the
Signature o <sub>j</sub>	f Volunteer				Da	ted	
Signature of	f Volunteer #2				Da	ted	
Signature o	f Consent of Addi	itional H	Househol	d Adults	Da	ted	
All additio							

All additional household members who are adults must sign that they consent to having foster dog in the home. If more than one, please sign on the reverse side of this page.

Dated

FOR GSR-SP USE ONLY:

Witness: May not be a signatory

Volunteer interviewed by:	Date:
Notes:	
References checked by:	Date:
Approved by:	

# GERMAN SHEPHERD RESCUE of SOUTHEASTERN PENNSYLVANIA

9012 Cargill Lane | Philadelphia, PA | 19115 | a 501(c)(3) charitable organization / a Pennsyvania non-profit corporation