



PO Box 578 Ashton MD 20861  
[www.KnineRescue.com](http://www.KnineRescue.com)  
[kninerescueinc@gmail.com](mailto:kninerescueinc@gmail.com)

## VOLUNTEER APPLICATION

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

### CONTACT INFORMATION

Name: \_\_\_\_\_ Applicant Age: \_\_\_\_\_  
Primary Telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_  
Primary Email Address: \_\_\_\_\_ Alt. Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### AREAS OF INTEREST (Circle all areas in which you would like to be involved):

Fostering (\*see below)    Transportation    Home Evaluations    Phone Calls/Reference Checks  
Clerical    Graphic Design    Photography    Rehabilitation (medical or behavioral)  
Fundraising    Event Planning    Other \_\_\_\_\_

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### <FOR FOSTER APPLICANTS ONLY>

### HOUSEHOLD INFORMATION

Do you live in a: House Townhouse Apartment Condo Duplex Mobile

Do you \*\*\* rent or own?

How long have you been at this address? \_\_\_\_\_

If renting/leasing are there pet restrictions? Yes or No If yes, what are they? \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord phone #: \_\_\_\_\_

*If renting, we will contact your landlord to ask if fostering animal in your home is acceptable. You will not be able to foster until we receive positive confirmation.*

Other Household Members/Ages (including children/roomates) \_\_\_\_\_

Do children frequently visit & if so, what are their ages? \_\_\_\_\_

Does anyone in your home have allergies to animals? \_\_\_\_\_ Does anyone have asthma? \_\_\_\_\_

Is everyone in your household on board with fostering? \_\_\_\_\_

How many hours during the AVERAGE day will the foster be WITHOUT humans? \_\_\_\_\_

Do you have a TOTALLY fenced in yard? \_\_\_\_\_

Size of yard: \_\_\_\_\_

Type of fence: \_\_\_\_\_

Height: \_\_\_\_\_

Where will the pet be kept during the day? \_\_\_\_\_

Night? \_\_\_\_\_

**If the answer above is "indoors" where during the day and night? (i.e.: garage, bedroom, run of house, finished basement, unfinished basement, etc.)**

Day: \_\_\_\_\_

Night: \_\_\_\_\_



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During routine absences (i.e.: errands, work): \_\_\_\_\_

Do you have a: \_\_\_\_\_

Please list all current pets. Include any pets residing in your home but which you do not own:

Name and Type or Breed	Gender	Age	Spayed or Neutered	How long have you owned?

*Please use back of application if you run out of space. All current animals should be up to date on vaccinations, spayed and neutered, as age appropriate.*

### EXPERIENCE

How would you describe your level of experience with dogs? *Check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Never had a dog  | <input type="checkbox"/> Have experience working with behavioral problems                              |
| <input type="checkbox"/> Had a childhood dog  | <input type="checkbox"/> Have crate-trained  |
| <input type="checkbox"/> Had one or more as an adult  | <input type="checkbox"/> Have potty-trained  |
| <input type="checkbox"/> Have experience with small dogs <input type="checkbox"/> medium dogs             | <input type="checkbox"/> Have experience working at a boarding kennel/resort/pet sitting service, etc. |
| <input type="checkbox"/> large dogs   | <input type="checkbox"/> Am a professional dog trainer   |
| <input type="checkbox"/> Have experience with powerful breeds, list experience with specific breeds _____ | <input type="checkbox"/> Have previous foster/rescue experience, if yes, please describe:<br>_____     |
| <input type="checkbox"/> Have experience working with on-going medical problems                           |  |

What types of dogs are you interested in fostering?

- |  |   |
|--|---|
| <input type="checkbox"/> adult dog; how many at one time? ____ | <input type="checkbox"/> injured dog/puppy                |
| <input type="checkbox"/> puppies; how many at one time? ____   | <input type="checkbox"/> dog/puppy with behavioral issues |
| <input type="checkbox"/> mother with nursing puppies           | <input type="checkbox"/> pit bull/bully breeds            |
| <input type="checkbox"/> unweaned puppies/bottle babies        | <input type="checkbox"/> long-term hospice care           |
| <input type="checkbox"/> sick dog/puppy                        |   |

What situations do you feel unprepared for?

- |   |   |
|---|---|
| <input type="checkbox"/> excessive barking                    | <input type="checkbox"/> destructive chewing      |
| <input type="checkbox"/> digging                              | <input type="checkbox"/> escaping                 |
| <input type="checkbox"/> shy, fearful, or undersocialized dog | <input type="checkbox"/> not good with children   |
| <input type="checkbox"/> not good with small animals/cats     | <input type="checkbox"/> scratching/biting        |
| <input type="checkbox"/> providing ongoing training           | <input type="checkbox"/> very high activity level |



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not housetrained

resource (food/toy) aggression

not good with other dogs

administering medications

deaf/blind dogs

Please tell us anything else you would like us to know to help match you up with the right foster animal: \_\_\_\_\_

\_\_\_\_\_

***I certify that I have never been convicted of any animal cruelty, neglect or abandonment. I release, discharge and hold harmless Knine Rescue Inc. all individual volunteers and anyone else associated with Knine Rescue Inc. from any charges or claims arising from my participation in any action related to the activities of Knine Rescue Inc. I certify that I have answered all questions honestly and to the best of my ability and that failure to provide information necessary to complete this application may cause this application to be voided.***

**Applicant's Signature:** \_\_\_\_\_