



## Volunteer Application

Thank you for offering to volunteer with Clancy's Dream Inc. We rely on volunteers to accomplish our mission to help neglected, abused or abandon Border Collies. We are certain that you will find volunteering a rewarding and fulfilling experience. You must be 18 or older to complete and submit an application.

Volunteer's Name: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about Clancy's Dream? \_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

\_\_\_\_\_

Have you ever adopted a dog from Clancy's Dream or other Rescue or Shelter? Yes \_\_\_\_\_ No \_\_\_\_\_

If you do not have a dog now, have you ever owned a dog for which you were the primary caretaker?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what happened to the dog(s) \_\_\_\_\_

\_\_\_\_\_

Have you sold, given away, or surrendered a pet to a shelter, pound or Humane Society?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

What is your time availability and/or limitations \_\_\_\_\_

What is your area of interest, skill and expertise? (check all that apply)

- Fostering – Please refer to our [Fostering Guidelines](#) and [Foster Parent Application](#)
- Pet Transportation – How far are you willing to travel \_\_\_\_\_
- Way station (one week max foster care)
- Home Evaluations – How far are you willing to travel \_\_\_\_\_
- Shelter Evaluations – How far are you willing to travel \_\_\_\_\_
- Rehabilitation (medical or behavioral)
- Pet Training
- Social Media and Public Relations
- Grant Writing
- Fundraising
- Passing out Hugs and Kisses

Other ways you would like to assist Clancy’s Dream: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I/We attest that I/We understand the risks present in volunteer duties, particularly in working with animals, and freely assume those risks and agree to release and indemnify Clancy’s Dream Inc., it’s officers, agents, employees and volunteers from and against all claims for injury, accident, loss or danger to the undersigned as a result of such volunteer duties.**

Printed Name of Volunteer \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Co-Applicant \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Clancy’s Dream Inc. Representative \_\_\_\_\_ Date \_\_\_\_\_