



PET PRO LIFE ADOPTION & PLACEMENT, INC.

P.O. BOX 3653 HUNTINGTON BEACH, CA 92605 (714) 964-3593

VOLUNTEER FORM

<http://www.petprolife.org>

Name _____ Date _____

Address _____ Date of birth _____

City _____ State _____ Zip _____

Home phone _____ Mobile phone _____

Email _____

How would you like to help us? Please check all that apply:

___ Assist with dogs at the Adoption Shows on Saturdays

___ Assist with dogs at the Adoption Shows on Sundays

___ Foster dogs at your home

___ Telephone calls

___ Clerical / Computer work

___ Transportation — to/from veterinary appointments, Adoption Shows, etc.

___ Fundraising

___ Community / Educational presentations

Do you have any specialized training or education regarding dogs? _____

Do you have any other area of interest or expertise that could benefit PPL? (artistic talent, carpentry skills, etc.) _____

Fosters — Please complete this section:

	Type	Breed	Sex	Age
Please list current pets:				

Where will foster dogs stay when you are home? _____ When you are out? _____

How many hours will the foster dog be alone each day? _____ Do you have a doggie door? _____

Where will foster dogs sleep? _____ Do you have a crate / dog run? _____

Are there any children in your home? _____ Please list ages: _____

Please list specific preferences for foster animals (i.e., size, sex, etc.) _____

Are you able to administer oral and/or topical medications, if prescribed for your foster animal? _____

PLEASE PROVIDE TWO REFERENCES WHO CAN ATTEST TO YOUR ANIMAL HANDLING ABILITIES:

1) Name _____ Phone # _____
Relationship _____ # of years acquainted _____

2) Name _____ Phone # _____
Relationship _____ # of years acquainted _____

VOLUNTEER LIABILITY RELEASE

As a volunteer at Pet Pro Life, I acknowledge the risks and potential for risk of handling, interacting with, and the housing of Pet Pro Life animals. However, I believe that the possible benefits to myself and the clients I work with/for are greater than the risk I am assuming. I hereby, intending to be legally bound for myself and/or my son/daughter, waive and release forever all claims for damages against Pet Pro Life, its Board of directors and/.or its volunteers for any and all injuries and/or losses I, my son/daughter, and/or my home and personal property may sustain while participating in the Pet Pro Life foster and adoption program.

Signature _____ Date _____
Volunteer, Parent or Guardian

VOLUNTEER EMERGENCY MEDICAL TREATMENT INFORMATION

In case of emergency, contact:

Name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work/cell/pager _____

Physician _____ Phone _____

Hospital _____ City _____

Insurance carrier _____

In case of emergency, I give permission to Pet Pro Life to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature _____ Date _____
Volunteer, Parent or Guardian