



P.O. Box 411855, Chicago IL 60641
Phone (773) 887-2286, Fax (773) 409-7440
Admin@PPAHRescue.org
www.PPAHRescue.org

Volunteer Application

Date: _____

Your name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email address _____

If you rent: Landlord's name _____ Landlord's phone _____

How long have you lived at your current address? _____ If less than one year, your previous address: _____

Your occupation _____ Company name _____

Business phone _____ Length of employment _____

Have you volunteered before? ___ no ___ yes Where _____

How long were you with the organization? _____

What type of volunteer work did you do for this organization? _____

Is there a particular area within Precious Pets that you would prefer:

_____ Shelter upkeep/animal "TLC" at PetsMart, 2665 N. Elston, Chicago

_____ Shelter upkeep/animal "TLC" at Petco, 3046 N Halsted, Chicago

_____ Fundraising

_____ Foster home

_____ Photographer

_____ Other, please specify _____

Current Pets List any animals that you presently have.

If you currently do not have any animals, how long since you've had a pet? _____

Name of Pet				
Dog or Cat? (If cat, is it declawed?)	Dog 2-paw	Cat 4-paw	Dog 2-paw	Cat 4-paw
Spayed/Neutered?	Yes	No	Yes	No
Breed				
How long owned?				
Sex	Male	Female	Male	Female
Age				
Shots up to date?	Yes	No	Yes	No
Where did you get this pet?				
Does your pet go outside? If so, where?				

Other current pets _____

Previous Pets List any animals you have had in the past (as an adult).

Do not include pets your parents had when you were a child.

Name of Pet			
Dog or Cat?			
Spayed/Neutered?	Yes	No	No
Dates owned?			
What happened to this pet?			
Did this pet go outside? If so, where?			

Other previous pets _____



PLEASE FILL OUT THIS SECTION IF YOU ARE APPLYING TO FOSTER A **CAT**

Why are you fostering a cat? mousing companion companion for other pets
 breeding for children pet gift other _____

Where will your cat be kept during the day? outdoors inside & outside crate basement
 garage loose in the house other _____

Where will your cat be kept during the evening? inside & outside outside crate
 garage loose in house basement other _____

Where will your cat sleep at night? _____

Will your cat be allowed outside? Yes No
If "yes," how often? 2-4 times a day 4-6 times a day other _____
If "yes," for how long? 1-2 hours 3-4 hours other Where? _____

Do you want your cat de-clawed? Yes No If yes, 2 paw 4 paw



PLEASE FILL OUT THIS SECTION IF YOU ARE APPLYING TO FOSTER A **DOG**

Why are you fostering a dog? pet companion companion for other pets for children
 guarding hunting breeding gift other _____

Where will your dog be kept during the day? loose in house crate/kennel in house basement
 garage outside in fenced yard outside in kennel other _____

Where will your dog be kept in the evening? loose in house crate/kennel in house
 basement garage outside in fenced yard outside in kennel other _____

Where will your dog sleep? _____

Do you have a completely fenced yard? No Yes, height of fence _____

If you don't have a fenced yard, how will the dog go outside? taken for walk tied up
 outside in kennel other _____

Will your dog be allowed outside unattended if your yard is NOT fenced in? yes no

How will you housebreak your dog? _____

If necessary, are you willing to consider: Yes No
Crate training Yes No
Obedience training Yes No

On average, how many hours will the dog be left alone each day? _____

On average, how many hours will the dog be left alone each evening? _____

Veterinary Care

Name of Veterinarian _____

Address _____ Phone _____

What name is used at your vet as the owner of your pet(s)? _____

PERSONAL REFERENCES

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

By signing below, I certify that the information provided on this application is true and I recognize that any misrepresentation of facts may result in losing volunteer privileges. I authorize investigation of all statements in this application and understand that veterinarians, landlords, other humane agencies, etc. may be contacted.

Applicant signature _____ Date _____

OFFICE USE ONLY Accepted Denied Comments: _____

_____ (6/11)