



Application for Volunteers to the GBAQT

Date: _____

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____ Preferred method of communication: _____

Emergency Contact and relationship: _____

(name, address, phone contact) _____

Please indicate any of your skills that you feel would be of interest/use to GBAQT:

Administration

Accounting

Logistics

Public Relations

Fundraising

Photography

Teaching

Policy Development

What is your professional background? _____

Areas of expertise or experience in animal health: _____

Tell us why you would be a good member of this team. _____

How did you hear about our group? _____

We respectfully request that you read, understand, and approve of the GBAQT Aims and Goals. And that you have also read the protocols, job descriptions, and Standard Operating Procedures (SOP's) sent to you by the team leader before a trip.

Any concerns or different suggestions regarding the above information should be addressed with the team leader before the trip, or after the trip.

Please indicate that you have read all of these documents: _____

Do you have any previous experience as a volunteer? If so with what organizations and what kind of work did you do? _____

What life experiences or skills do you have that might be useful to you in volunteering with us?

What do you hope to gain from volunteering with us? _____

Can you provide us with a reference for your abilities with respect to a spay neuter clinic and your team skills? Perhaps an employer or a colleague?

Are you comfortable :

- Placing intravenous catheters? _____
- Intubating dogs. _____
- Monitoring anesthesia with a minimum of equipment _____
- Filling out paperwork (consents, narcotic logs, anesthetic and surgery charts) _____
- Cleaning instruments, wrapping kits, and autoclaving? _____
- Doing pretty much anything needed like cooking, cleaning, sweeping etc.

In the interest of humane dog population control you will possibly be asked to assist with spaying pregnant, lactating, or in heat dogs. Do you feel comfortable with this?

Do you have any health concerns that we need to know about that are relevant to our program? _____ If YES, please describe: _____

Is there any additional information that you would like to share with us, such as, health or dietary concerns or special requirements? _____

When or what times of the year are you available to travel with the team to perform dog population control? _____

Would you be interested in participating annually with the group? _____

We require a yearly meeting for debriefing and forward planning. It is anticipated that you will attend.

Waiver

I understand that I am a volunteer with the GBAQT. I will not hold GBAQT or any of its members liable for any damage, injury or harm caused directly or indirectly through my volunteer activities with the GBAQT.

I understand the GBAQT cannot guarantee or be held responsible for the health, behavior or temperament of any dog I may handle. I am aware that these dogs may cause personal or property damage. I will not willingly put any dog or myself or any other person at risk when handling dogs.

We recommend that you have up to date rabies and tetanus vaccinations.

Signature

Date