



Volunteering Application

1000 Freedom Rd, Smithfield NC 27577
 919-437-5084 blackdogclub@outlook.com

The Black Dog Club is a non-profit organization that thrives off of help from willing volunteers. We appreciate people willing to help us with our mission goals as there is always a need.

Once you complete this form, we will try to match you to activities that suit you best. Thank you for offering your help!

Any field marked with an asterisk (*) denotes a **required field!**

Your Information

Name*	
Age*	
Street Address*	
City*	
State and ZIP Code*	
E-Mail Address*	
Phone Number*	

What would you be willing to do for us? Circle all that apply!

Manage BDC Mail	Manage BDC Documents/Files	Perform Clerical Duties
Transport Pets to/from Vet Clinics	Transport Pets to/from Shelters	Transport to Foster/Perm Homes
Generically Train Pets	Groom/Bathe Pets	Walk/Play With/Exercise Pets

Help Fundraiser Events	Donate to and Assist Supply Drives	Assist Adoption Events
Maintain Pet Runners and Crates	Assist in Basic Construction	Perform Supply/Store Runs

Emergency Contact - Primary

Name*	
Street Address*	
City*	
State and ZIP Code*	
Phone Number*	

Emergency Contact - Secondary

Name	
Street Address	
City	
State and ZIP Code	
Phone Number	

1) How much time are you willing to dedicate to volunteering? *

Part Time (1 to 2 days a week) / Full Time (More than 2 days a week) / Other: _____

2) Will you require proof of volunteering for third parties? *

Yes / No

3) Will you show equal love and support to each animal, regardless of any biases you may have towards specific animals? *

Yes / No

4a) Have you EVER been convicted of Animal Cruelty or Negligence in the United States? You do not have to answer if records have been expunged. *

Yes / No

4b) If you answered yes to 4a, please describe in detail the circumstances of your conviction below:

5) Do you have any allergies or physical conditions that may affect you while volunteering? *

Yes / No

Liability Waiver (Be sure to read through everything!)

- I understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release Black Dog Club, from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.

- I acknowledge and understand that as a volunteer of Black Dog Club, I am not covered by workers' compensation or any other insurance policy through Black Dog Club for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.

- I fully understand that as a part of my volunteer work for Black Dog Club, I will come into contact with animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.

- I fully understand that as a volunteer and/or foster home for Black Dog Club, my family may come in contact with animals at Black Dog Club events, and I and my family and/or guests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a risk of injury, and it is possible that my family and/or guests may be bitten, scratched and/or otherwise injured.

-By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet.

-My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Black Dog Club or any of its past, present or future Officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.

By signing your signature below, you attest that all of the above information is indeed truthful, and that you agree to the aforementioned Liability Waiver section.

Signature*

Date*

Parent/Guardian Signature**

Date

** If under the age of 18, legal guardian must also sign.