

**Golden Retriever Rescue of Central New York Inc.**  
**Volunteer Form**

Please fill out the information and mail to:

**GRRCONY Inc.**  
**P.O. Box 735**  
**Jamesville, NY 13078**  
**315/ 469-7926 or 607/275-9321**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Foster homes are urgently needed. Our ability to be effective in rescuing Golden Retrievers is determined by the quality and numbers of Foster Homes we have available. Without this element of rescue we would not be able to function.

We do realize that not everyone can foster, but we still need your help! We especially need people with good organizational and/or people skills and those with leadership ability. In addition, we occasionally need informed volunteers to help with educational functions such as the Cornell Veterinary School Open House, and other public events.

I am interested in volunteering for GRRCONY as a

- Foster Home (if you have checked this box, please fill out pages 2 - 3 and include them when you mail this form.
- General Member

I feel I can help in the following ways (check as many as apply):

- organizational skills
- transportation of either dogs or materials (food, medicine, etc.)
- I am good with people – I would like to learn and help educate others
- I am willing to help out during events and/or help with the production of educational materials

*\*If you are volunteering as a foster home, please fill out the following two pages. If you are volunteering as a general member only, you can print and return (or attach to email) just the first page. If emailing, please save and email to [grrcnv@lightlink.com](mailto:grrcnv@lightlink.com).*



12. What types of "dog supplies" do you currently have on hand? \_\_\_\_\_

13. What other specific skills do you have that would assist you in fostering? \_\_\_\_\_

**PET HISTORY**

14. Please list all the pets you have owned in the last five years (use additional paper, if necessary):

TYPE	SEX	AGE	SPAYED/ NEUTERED?	WHERE IS HE/SHE NOW?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. If you have ever had a pet die at an early age or due to an accident, please give details below: \_\_\_\_\_

**HOUSEHOLD & DOG CARE INFORMATION**

16. Do you live in a: House Townhouse Apartment Duplex Condo

17. Do you: Own or Rent

18. Do you have a fenced yard? \_\_\_\_\_ What type of fence? \_\_\_\_\_

19. If you do not have adequate fencing (i.e., a totally enclosed, secure fence), how will you provide exercise for the dog? Consider bathroom time, as well as regular exercise. Who will supervise these outdoor activities (this includes all time the dog is outdoors).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Is there anyone home during the day? \_\_\_\_\_ Who \_\_\_\_\_

21. How many hours a day would the foster dog be alone? \_\_\_\_\_

22. Are there any other pets currently in the home? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\_\_\_\_\_

23. If you currently have pets, are all vaccinations current? \_\_\_\_\_ If you have another dog, does that dog take heart- worm preventive? \_\_\_\_\_ If not, why? \_\_\_\_\_

24. Specifically, where would the foster dog spend its days? \_\_\_\_\_

25. Where would the foster dog sleep? \_\_\_\_\_

<p><b>APPLICANT REFERENCES (If you rent, please list landlord)</b></p> <p>_____</p> <p>Name/Relationship/Phone No.</p> <p>_____</p> <p>Name/Relationship/Phone No.</p>
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**APPLICANT SIGNATURE (S)**

I acknowledge that the information contained in this form is true and correct to the best of my knowledge. I understand that any misrepresentations of fact may result in the removal of the foster dog from my home by the **Golden Retriever Rescue of Central New York Inc.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-applicant (must be at least 18 yrs.)

\_\_\_\_\_  
Date

\*During the home visit the volunteer will be required to get your signature on this document. For purposes of sending this document as an email attachment, please indicate your signature by using your email address and mail to: [grrcny@lightlink.com](mailto:grrcny@lightlink.com)