



Colorado Greyhound Adoption
303-816-2799

VOLUNTEER APPLICATION

**PLEASE COMPLETE & RETURN TO COLORADO GREYHOUND ADOPTION AT
PO BOX 2404, LITTLETON, CO 80161-2404 Or fax (720) 293-9860**

NAME:

HOME PHONE:

ADDRESS:

CITY:

STATE, ZIP CODE:

E-MAIL:

EMPLOYER:

OCCUPATION:

WORK PHONE:

May we call you at work? Yes No

BIRTHDATE: ____/____/____ (optional) **AGE GROUP** 18-36 37-60 Over 60

EDUCATION: High School BS/BA Masters Ph.D.

MAJOR:

What foreign languages do you speak?:

How did you find out about our Volunteer Program?

Please tell us briefly why you would like to become a CGA volunteer?

Do you have any prior experiences as a volunteer? If yes, for what organization? What were your duties?

Have you had prior experience with a breed rescue, animal shelter or in a related field?

Have you had any formal education in companion animal care or animal welfare?

What companion animals do you have now?

What companions have you had in the past?

Are your companion animals spayed/neutered? If not, please explain

Are you a member of any animal welfare organizations? How do you participate?

Volunteering for CGA is not only animal related, it also involves constant contact with the general public, Program Coordinators, and other volunteers. How do you feel about interacting with all types of people?

Are you comfortable taking directions from others?

Although we make every effort to see that the greyhounds in our care are adopted, there are rare instances when an animal becomes unadoptable and is euthanized (humanely “put to sleep”). How do you feel about this?

Colorado Greyhound Adoption maintains a neutral stance on greyhound racing. We deal with kennel owners and greyhound breeders and foster an amicable relationship with them. How do you feel about this?

What are your special skills, interests, hobbies?

Do you have any questions about the philosophy of CGA? Do you have any other Comments?

Do you have any physical, medical, or psychological limitations or disabilities? (i.e., heart condition, mental illness, allergies, back injuries, epilepsy, etc.). If yes, please explain:
(Failure to disclose any limitations prior to acceptance will result in dismissal from the Volunteer Program)

Please indicate the days of the week and hours you are available. Volunteers are needed at varying times depending upon the program.

When will you be ready to begin volunteering?

Are there any restrictions such as work/school schedule that may affect your availability for volunteer work?

If you were referred to us through some other agency for community service, please indicate the agency, name of contact person, and if applicable, the number of hours you are required to volunteer. Colorado Greyhound Adoption accepts community service referrals from schools and clubs only, court appointed community service will not be accepted.

IN CASE OF EMERGENCY, WHOM SHOULD WE NOTIFY?

NAME:

RELATIONSHIP:

ADDRESS:

CITY, STATE:

ZIP CODE:

HOME PHONE:

WORK PHONE:

CELL:

Please let us know which volunteer opportunities interest you most:

(Please check as many as apply)

Meet & Greet (Educate the public about greyhound adoption and humane issues at local venues.)

Foster Caregiver (Provide a temporary home for greyhounds as they transition from the track to adoptive homes and greyhounds with special needs until they can be adopted. (Additional application, screening, training and home visit required.)

Office/Communications (Perform standard office functions. Assist program coordinators with clerical tasks. Assist with media outreach.)

Fundraising (Varies with activity. May include planning, logistics, coordinating activity or special event.)

Computer (Assist with data input and program automation. Must have access to PC and knowledge of at least one of the following: Microsoft Word, Excel or Access.)

Adoption Counselor (Screen potential adopters to insure the greyhound's placement in a loving and secure home. Additional training on screening forms and adoption contracts is required.)

Adoption Follow-Up (Contact new adopters to see how the adoption is going and to offer support with training and behavior issues. Additional training is required.)

Transportation (Provide transportation of greyhounds from the track to veterinary appointments, from the veterinarian to the foster home, and where ever else may be required.)

Is there any service you can provide to CGA which is not listed?



COLORADO GREYHOUND ADOPTION

In anticipation that you will be accepted into the Colorado Greyhound Adoption Volunteer Program, please read and sign the agreement below:

APPLICANT'S AGREEMENT

In signing this application, I understand and agree to the following:

I authorize the Colorado Greyhound Adoption to seek emergency medical treatment in case of accident, injury or illness.

I agree to abide by the policies and procedures presented to me at the volunteer orientation and any subsequent training.

I will take any ideas, constructive comments, suggestions and criticisms directly to the Program Coordinator or CGA Board of Directors.

I agree to be supervised by the Program Coordinators of Colorado Greyhound Adoption.

If communication problems develop between Program Coordinators and myself, or another volunteer and myself, I will report these to the Board of Directors as soon as possible.

I agree to fulfill my volunteer duties and will contact the Program Coordinator if I cannot make my commitment.

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

Placements: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Comments: _____