



Colorado Peke and Pom Rescue, Inc. (CPPR)

Volunteer Application

Applicant's Name _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

May we call you at work? _____ yes _____ no

Occupation _____ May we call on you for advice within your occupation?
____ Yes ____ No

Where/When is the best time to telephone you? _____ Would you prefer email
instead? _____

Any special skills that might benefit CPPR (i.e. computer, event planning, fundraising, grant writing?)

Co-applicants

Name _____ Email _____

Address _____

Please select the type of volunteer work you are interested in. A member of CPPR will contact you to discuss your selections and answer any questions you may have. (Select all that apply).

Foster Home Team

Fundraising Team

Special Events Team

Transportation Team

Newsletter/Website Team

Home Visit Team

The undersigned (hereafter referred to as “the volunteer”) has agreed to volunteer his/her services or facilities to Colorado Peke and Pom Rescue, Inc. (hereafter referred to as “CPPR”). The volunteer(s) acknowledges and understands that the dogs involved in CPPR’s program may be untrained or unhealthy, and that CPPR makes no representations whatsoever regarding the dog’s temperament, health (including the presence or absence of transmittable diseases to humans or other animals), age, ability, attitude or trainability.

The volunteer assumes all risks relating to working with CPPR’s Precious Personalities. The volunteer hereby releases CPPR, its officers, directors, volunteers and affiliates (“CPPR Participants”) from any and all claims, actions, liabilities, damages and costs of any kind (“claims and costs”) arising out of the transportation, fostering or any other work or activity with any dog connected with CPPR. If anyone in the volunteer’s household, or any business or social visitor to the household, make a claim the volunteer will indemnify, defend and hold CPPR and the CPPR participants harmless from such claims and costs.

Applicant:

Co-Applicant

Name _____

Name _____

Signed _____

Signed _____

Date _____

Date _____

Please return the signed and completed form to:

CPPR

PO Box 242, Morrison, CO 80465