



**WESTERN PA SHELTYE RESCUE Foster / Volunteer Application**

Thank you for taking the time to fill out this application. You must be at least 18 years old to volunteer for Western PA Sheltie Rescue (WPASR).

We hope we can find just the right opportunities for you to help our rescued Shelties. If you have questions or additional comments, please contact us at [darlenefclark@gmail.com](mailto:darlenefclark@gmail.com). When complete, please save this application to a file on your computer and send it to WPASR as an attachment to [Foster Coordinator](#). If you prefer to mail it, please send it to: ATTN: Western PA Sheltie Rescue, 29 Jessica Lane, Leechburg, PA 15656. Thank you!

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Home Phone: Area Code \_\_\_\_\_ Number \_\_\_\_\_  
Cell Phone: Area Code \_\_\_\_\_ Number \_\_\_\_\_

Employer: \_\_\_\_\_  
Work Phone: Area Code \_\_\_\_\_ Number \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Position: \_\_\_\_\_

Do you currently have pets? Yes / No  
List the following details for each current pet:

Name	_____	Name	_____
Breed	_____	Breed	_____
Sex	_____	Sex	_____
Age	_____	Age	_____
Physical Condition	_____	Physical Condition	_____
Spayed/Neutered	_____	Spayed/Neutered	_____

List the following details for all other pets you have owned in the last 10 years:

Name	_____
Breed	_____
Sex	_____
Spayed/Neutered	_____

Where is pet now? \_\_\_\_\_

If you currently have pets, are all pets current on vaccinations (including Bordetella)? Yes / No

If you've ever had a pet die at an early age or in an accident, please explain:

\_\_\_\_\_

Have you ever participated in obedience training with a dog? Yes / No

If Yes, please answer: \_\_\_\_\_

When? \_\_\_\_\_

What methods were you taught? \_\_\_\_\_

Have you ever trained a Sheltie? \_\_\_\_\_

Are you involved in any of the following? Yes / No

If other activities, please describe: \_\_\_\_\_

\_\_\_\_\_

Dog sports? \_\_\_\_\_

Dog assisted therapy? \_\_\_\_\_

Other activities? \_\_\_\_\_

Living Arrangements: Rent or Own

If renting: \_\_\_\_\_

Do you have permission from your landlord to have a dog? (Proof of lease with pet clause may be requested) Yes/ No

If renting, please provide landlord's contact info:

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

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

Phone: Area Code \_\_\_\_\_ Number \_\_\_\_\_

Please indicate which applies to you:

House – Condo – Apartment - Mobile Home – Townhouse - Live with parents – Duplex - Other

How many adults live in your home? \_\_\_\_\_

How many children live in your home? \_\_\_\_\_ Ages: \_\_\_\_\_

Do you have a physically fenced and secure yard? Yes / No

Fence type: \_\_\_\_\_

Height: \_\_\_\_\_

Condition: \_\_\_\_\_

If No, Do you plan to build one in the near future? Yes / No

Approx. Yard size: \_\_\_\_\_

Do you have a pool? Yes / No

How do you exercise your dogs?

\_\_\_\_\_

Do you tie or chain your dogs at any time?

Yes / No

If yes, please explain: \_\_\_\_\_

Do you now or have you ever volunteered with other animal rescue groups? YES / NO If yes, which groups, when and in what capacity? What was your experience with them?

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Please mark the Volunteer Duties that interest you:

- Conducting home visits for prospective adopters and volunteers.
- Transporting Shelties to foster homes, vetting visits, etc.
- Picking up Shelties from shelters.
- Fundraising.
- Watching your local newspapers / internet for Shelties being given away
- Checking your local shelters for available Shelties.
- Contacting veterinarians to ask for discount rates for spay/neuter, vaccinations, and other necessary veterinary care that our rescues may need.
- Helping with events that WPASR participates in.

Other special skills or talents: \_\_\_\_\_

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Are you interested in and willing to foster?

If so, please answer the following seven questions regarding being a foster provider:

1. Do you work full time or part time? \_\_\_\_\_
2. How many continuous hours will the foster dog be alone during the day (include commuting time)? \_\_\_\_\_
3. Where will the foster dog be kept while you are away from home?  
\_\_\_\_\_
4. Where will the foster dog be kept at night?  
\_\_\_\_\_
5. Is anyone home during the day?  
\_\_\_\_\_
6. Who is home, and for how long?  
\_\_\_\_\_
7. Do you have any training or experience that would enable you to evaluate a rescued dog's temperament? \_\_\_\_\_

May a WPASR Rescue volunteer visit you in your home? Yes / No

If no, why not? \_\_\_\_\_

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Do you have a veterinarian?

Yes / No

Vet Name: \_\_\_\_\_

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

Vet Phone: Area Code \_\_\_\_\_ Number \_\_\_\_\_

If yes, may we contact? Yes / No If no, why not?

Personal References

Name of person in local area (non-relative) who knows you well and has known your animals:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone: Area code \_\_\_\_\_ Number \_\_\_\_\_

Name of relative (not living with you):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone: Area code \_\_\_\_\_ Number \_\_\_\_\_

I have accurately and truthfully completed this volunteer application and agreement and understand that WPASR can refuse my application for any reason.

If this application is accepted:

1. I will abide by the mission, rules, regulations, policies and programs of WPASR while I am a volunteer. If I stop being a volunteer for WPASR, or upon their request at any time, I will promptly return all WPASR supplies, equipment, records, money, and other items.
2. If I will be fostering any WPASR animals in my home, I consent to WPASR visiting my home from time to time to observe the animals and their living conditions, and I agree to sign the WPASR Foster Contract and Agreement.
3. I affirm that no legal charge for animal abuse has ever been made against me or any member of my immediate family. I also affirm that I have never been sanctioned or reprimanded by an animal rescue group or shelter for mistreatment of animals.
4. I assume the risk of being injured by animals in conjunction with my volunteer work for WPASR. WPASR is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for WPASR, unless they are the result of WPASR's gross negligence or intentional misconduct. I indemnify, defend and hold WPASR harmless from and against any claims, lawsuits, injuries, damages, losses, costs, or expenses whatsoever, sustained by any performance of volunteer activities for WPASR, or my breach of WPASR's rules, regulations, policies and programs.

By submitting this application, and in consideration of this opportunity to volunteer, I agree to these terms and conditions, intending to be legally bound by them.

Applicant Confirmation

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

WPASR Confirmation

WPASR Authorized Contact: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_