



P.O. Box 521397, Longwood, FL 32752



[volunteers@orlandobullyrescue.com](mailto:volunteers@orlandobullyrescue.com) or



321-972-6495

Orlando Bully Rescue members encourage the participation of volunteers who supports our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. This information will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in volunteering with Orlando Bully Rescue.

### Tell us about you!

Application Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place of Employment : \_\_\_\_\_

Length of time at employer: \_\_\_\_\_

Are you volunteering to fulfill a court-ordered community service program?  Yes  No

Have you ever been convicted of a crime?  No  Yes

If yes, please explain the nature of the crime and the date of the conviction and disposition. *Conviction of a crime is not an automatic disqualification for volunteer work.*

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### Volunteer availability

Please check the days you are available:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

List specific time(s) you are available on the days checked above:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday



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### Animal Experience

*This section is designed to help us match your experience with volunteer needs*

1) Why do you want to volunteer or what do you want to gain from this volunteer experience?

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2) Please check all that apply with regards to your pet ownership in the past:

Self  Parents  Never Owned

3) Do you have pets that live with you in your home?  No \*\*  Yes

If yes, please list what pets you own (breed, age, and anything additional you can share).

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4) How are you involved in their care?

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5) Have you ever owned such breeds as American Staffordshire Bull Terriers, Pit Bull Terriers, American Bull Dogs, and other bully breeds?  No  Yes

6) Do you have any former experience in pet or animal welfare?  No  Yes

\*If yes, list where and what you did:

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Have you had experience at a shelter/rescue or veterinarians office?  Yes  No

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Do you have any physical limitation(s)?  No  Yes

\*Please provide us with additional details If you are voluntarily willing to offer additional information.

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### Volunteer Opportunities

*Tell us in which areas you are interested in volunteering*

- Animal Transportation (complete section below called Transportation)
- Dog Training                       Dog walking
- Foster Care                               Fundraising Activities (We welcome ideas!)
- Mailing out Information               Marketing
- Newsletters (i.e. help research content items)
- Planning for Special Events               Participating at Special Events & Fundraisers
- Research on particular topics               **I'LL DO ANYTHING!!**

### Transportation

**Complete the below section if you checked off you would help with transportation of dogs above**

Please provide any additional information below pertaining to your ability to help with transporting. We need reliable volunteers to transport dogs to and from vet appointment, meet and greet, to and from events, shelter pick up and as well as other transportation needs. If yes, please continue below and you will be asked to provide proof.

- 1) Do you have a valid Florida's driver license?                       No     Yes
  - A) If yes, must be able to provide proof to OBR upon review of application.
- 2) Do you have your own means of transportation?                       No     Yes
- 3) Do you have car insurance on the car being used for transport?                       No     Yes
  - B) If yes, must be able to provide proof to OBR upon review of application.
- 4) Are you willing to perform animal transportation for OBR?                       No     Yes
  - A) Do you have a driver's license?                       No     Yes
  - B) Do you have car insurance?                       No     Yes
  - C) Do you have a crate to help with transport?                       No     Yes
    - If so, what type of crate do you have:                       Wire     Plastic
    - What size                       Small     Medium     Large     X-Large



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References			
<i>Please list three people who know you well and can attest to your character, skills, and dependability</i>			
Name/Organization	Relationship to you	Length of time known	Phone number and Email

In Case of Emergency		
Name of person to contact	Phone number	Relationship

**Volunteer Agreement and Release**

*As a volunteer of Another Chance Rescue DBA Orlando Bully Rescue I agree to abide by the policies and procedures set forth. I understand that I will be volunteering at my own risk and that the rescue, its members and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problems which may arise from any volunteer work I perform for Orlando Bully Rescue. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. I agree to follow the supervision of all persons involved in volunteer management. I understand that as a volunteer I am an important representative of Orlando Bully Rescue and must do my best to represent OBR in a manner that is consistent with its articles, by-laws, guidelines, and philosophies. I have read and understand the volunteer*



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*release and agree to adhere to its entirety. It is the policy of OBR to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.*

***Thank you for completing this application form and for your interest in volunteering with us.***

**Volunteer**

Signature \_\_\_\_\_

If electronic, you can authorize this as an electronic signature by checking this box  Yes  No

Printed Full Name

Date

**OBR Representative**

Signature \_\_\_\_\_

If electronic, you can authorize this as an electronic signature by checking this box  Yes  No

Printed Full Name

Date