



Cavalier Alliance, Inc.  
Form 3: VOLUNTEER APPLICATION

Welcome to the Cavalier Alliance volunteer rescue application. Complete all information and email to: [Cavalieralliance2014@gmail.com](mailto:Cavalieralliance2014@gmail.com)

**Part I: Volunteer Information**

Name: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/town: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Mailing Address if Different: \_\_\_\_\_  
House: Own  Rent  Apartment: Own  Rent  Other: \_\_\_\_\_ Own  Rent   
Fenced in Yard: Yes  No  If yes, type & height of fencing: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Best time to call: (am hours) \_\_\_\_\_ (pm hours): \_\_\_\_\_ anytime:   
Email Address: \_\_\_\_\_ Alternate email address: \_\_\_\_\_

**Part II: Volunteer Activities**

- Please check all activities you would like to volunteer to do:  
Fostering   
Fundraising   
Transportation   
Other:      Graphic arts       Website administration       Database management   
                 Website design       Accounting       Administrative/clerical
- Please indicate your availability for volunteer activities (select all that apply):  
Mondays AM  PM       Tuesdays AM  PM       Wednesdays AM  PM   
Thursdays AM  PM       Fridays AM  PM       Saturdays AM  PM  
Sundays AM  PM       Anytime:
- Are you currently volunteering with any other animal rescue groups or shelters?    Yes  No   
If so please list the name of the group and your role:  
Group Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Group Name: \_\_\_\_\_ Role: \_\_\_\_\_
- If you had volunteered in the past with another group, please provide information below.  
Group Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Volunteer Dates: \_\_\_\_\_  
Reason for no longer volunteering with them: \_\_\_\_\_

5. Do you have any experience with special need and/or senior dogs. (Please check all that apply.)
- Mitral Valve Disease       Deafness/Blind  
 Allergy diets               Seizures – Flycatcher- Episodic falling syndrome - Epilepsy  
 Dry eye                         Surgery rehabilitation – patella, hip, spine  
 Syringomyelia (SM)       Chiara malformation (CM – often related to SM)  
 Diabetes  
 Behavioral re-training (resource guarding, house training, separation anxiety, marking, leash aggression etc.)  
 Other (Specify) \_\_\_\_\_

### Part III: Additional Volunteer Information

1. Do you have any other pets currently in the household? Yes  No

If yes, Please list type and number of pets:

Type (Dog breed, cat, bird, etc.)	Number	Age	Sex: M/F	Neutered/Spayed Yes	Neutered/Spayed No

2. How do you handle toilet duties? Please explain:

3. Does your dog/s have any current behavioral issues? Yes      No

If yes, please explain:

4. Do your current dogs get along with other dogs? Yes  No

5. What type and brand of food is your current dog(s) eating?

Type: \_\_\_\_\_ (Dry, wet, gluten-free, raw, homemade)

Brand: \_\_\_\_\_

6. Are dogs allowed on furniture in your home? Yes  No

7. How do you walk your current dog?  off leash       on a leash       do not walk dog

8. Please list the name of your veterinarian and their address/phone numbers:

Name of Veterinarian/Practice: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_

*I give permission to call my veterinarian for a reference*

9. Please tell us about your history of ownership with dogs. For each dog, list the breed/breed mix, how long you had the dog, and the cause of death or re-homing of each dog.

Breed/Breed mix	How did you obtain the dog?	How long did you own the dog?	Was the dog ever re-homed?	Cause of death

10. Have you ever given a pet away to another person or to a shelter or rescue group? Yes  No   
Please explain:

11. Where will the foster cavalier spend the day? (Check all that apply)

- loose indoors       garage       kennel run       basement  
 loose outdoors       fenced yard       crate       tied up outdoors  
 bathroom       Other (specify) \_\_\_\_\_

12. Where will the foster cavalier spend the night? (Check all that apply)

- loose indoors       garage       kennel run       basement  
 loose outdoors       fenced yard       crate       tied up outdoors  
 bathroom       bedroom       dog bed  
 Other (specify) \_\_\_\_\_

13. If there are other adults or children in the home besides you and your spouse/partner, please list their names and their relationship to you.

Name	Age	Male/Female	Relationship

14. Are you currently involved in any other dog related activities such as breeding, showing, agility or dog therapy work? Yes  No  Please explain:

15. Have you taken any obedience training classes with your dog? Yes  No

16. How would you rate your ability to teach a dog basic commands like sit and stay on a range of 1= no ability to 10=very proficient ?  
 No ability 1  2  3  4  5  6  7  8  9  10  Very proficient
17. How would you rate your ability to housetrain a dog on a range of 1= no ability to 10 = very proficient?  
 No ability 1  2  3  4  5  6  7  8  9  10  Very proficient
18. On average, how many hours a day will the cavalier be home alone without an adult over the age of 21 present? \_\_\_\_\_ number of hours
19. What is your family's typical daily schedule? (comings/goings, work/school schedule, weekends)

***Please certify the following by checking the boxes below:***

- I certify that all of the information given above is true and correct.***
- I agree that Cavalier Alliance, Inc. is in no way liable or responsible for any damage, accident, or injury resulting from the placement of a foster dog into my household or vehicle.***
- I agree to provide the dogs with proper and sufficient food, water, shelter, companionship, medical care as outlined in the Cavalier Alliance Guidelines, and humane treatment at all times when fostering or transporting any dogs on behalf of this organization.***

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

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

Cavalier Alliance Representative:

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

***Cavalier Alliance*** reserves the right to refuse any person from volunteering with our organization. A representative will be in contact with you after the application is reviewed.

**Thank you for Volunteering!**