



# Volunteer Application

Pug Rescue of Florida, Inc.

PO Box 7484

Tampa, FL 33673

FAX: Toll Free 1-888-255-4971

[info@pugrescueofflorida.org](mailto:info@pugrescueofflorida.org)

**Please print and Fax, E-mail or Mail to the address above.**

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
No PO's: Street Address Apartment/Unit #

Phone: ( ) \_\_\_\_\_ Alt Phone #: ( ) \_\_\_\_\_  
City State ZIP Code

Why are you choosing to volunteer with Pug Rescue of Florida, Inc.? \_\_\_\_\_  
 Birthday: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

In what capacity do you want to volunteer for Pug Rescue? *Check ALL that apply.*

Foster a pug at my home:  Transportation:  PetsMart Saturday's:  Special events:   
 Public Relations:  Office:  Fundraising:  Computer:   
 Homechecks:  OTHER: **(detail special skills):**

If you would like to foster, how many pugs can you foster at one time: \_\_\_\_\_

Do you have pets in your home now?  YES  NO If so, please list the animals, breed(s) and how many below: \_\_\_\_\_

Is your yard fenced?  YES  NO If so, how high is the fence? \_\_\_\_\_  
 Describe the area(s): \_\_\_\_\_

List any special animal training, skills, or life experiences you may have. \_\_\_\_\_

Are you involved with other animal rescue groups?  YES  NO

If so, please provide contact information: \_\_\_\_\_

Will you foster a pug(s) with any of the following conditions? Check all that apply.

Kennel cough:  YES  NO Injured:  YES  NO Mother & puppies:  YES  NO Puppies only:  YES  NO  
 Aggressive dogs:  YES  NO Behavior problems:  YES  NO Not housebroken:  YES  NO  
 Are your pets primarily "house dogs"?  YES  NO  
 Please explain below: \_\_\_\_\_

Are your pets Spayed/Neutered?  YES  NO  
 If your pets are NOT spayed/neutered, please explain why not *(be specific)* \_\_\_\_\_

How many adults & children reside in the home OR are frequent visitors? *Please list by name and age:* \_\_\_\_\_



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Do you own or rent?    OWN     RENT     A house or apartment?    HOUSE     APT

If you rent, how much is the deposit?

Is there a pool?    YES     NO

If yes, Above or In Ground?    ABOVE     IN

If you rent, please provide your Landlord's information below:

Name:  
Address  
No PO's:

Street Address

Apartment/Unit #

City

State

Phone:

*When submitting information, you are giving PROOF permission to contact your landlord.*

Please provide your veterinarian's information below:

Name:  
Address  
No PO's:

Street Address

Unit #

City

State

ZIP

Phone:

*When submitting information, you are giving PROOF permission to contact your veterinarian.*

How long have you lived in your present home?

If less than 5 years, please list your *previous address* below:

Street Address

Unit #

City

State

ZIP

Does anyone in your household object to sleeping with a pug?    YES     NO     Object to a snoring pug?    YES     NO

Object to pug hair?    YES     NO     Does anyone in the home suffer from allergies?    YES     NO     If yes, please explain below:

What would you do if a dog chewed up a personal item?

Have you ever taken any of your animals to a shelter?    YES     NO     If yes, please explain below:

Are you willing to foster a pug with special needs?    YES     NO     What about a senior pug?    YES     NO



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What do you know about the pug breed? Explain below:

Where will your foster pet be housed? Explain in detail:

If and when the foster pug has free run of your home inside OR outside, name ALL the person(s) responsible for supervising the pug:

Name(s):

Please list 3 references (not living with you). Include their name, phone number and relationship:

Name:

Phone Number:

Relationship:

- 1.
- 2.
- 3.

I understand and agree that: I give permission for a representative of the Pug Rescue of Florida, Inc. to verify the above information.

Applicant(s) Name Printed:

Applicant(s) Signature:

PROOF Signature:

Date:

Approved by:

Denied by: