

**SAINT BERNARD RESCUE
FOUNDATION
OREGON/WASHINGTON
VOLUNTEER/FOSTER APPLICATION**

Please complete the following 4 page application and agreements and return to:

Oregon Saint Bernard Rescue

Allie Kane
P.O. Box 33954
Portland, OR 97292
(503)502-8993

sixofswords@msn.com

Saint Bernard Rescue Foundation, Inc.

Oregon St. Bernard Rescue

Volunteer Agreement

This agreement is between the foster home, Oregon St. Bernard Rescue and the National Saint Bernard Rescue Foundation, Inc. (the latter two parties hereinafter referred to individually by their individual name, or collectively referred to as “the foundation”). The parties to this foster agreement hereby agree to the following terms and conditions, intending to be bound by them.

In consideration of the opportunity to volunteer, I agree to the following terms and conditions, intending to be bound by them:

I assume the risk of being bitten, scratched, knocked down, injured or frightened, by dogs or puppies, in connection with my volunteer work for the Foundation. I agree that the foundation is not liable to me or others for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I or others might sustain in connection with the performance of my volunteer activities for the Foundation, unless they are the result of the Foundations gross negligence or intentional misconduct. I will indemnify, defend, and hold harmless the Foundation, Oregon St. Bernard Rescue, its volunteers, officers, directors and representatives, from and against any claims, legal actions, injuries, damages, losses, costs or expenses (including attorneys fees) whatsoever, sustained by any property animal or person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for the Foundation, or my breach of the Foundation rules, regulations, procedures, policies or programs.

In addition, I agree to follow the policies and procedures set by Oregon St. Bernard Rescue and the National Saint Bernard Rescue Foundation, Inc., for all public functions and when representing Oregon St. Bernard Rescue and the National Saint Bernard Rescue Foundation, Inc., at any other time.

Signature of Volunteer

Date

Address including street, city, state and Zip code

Accepted by: _____ for Oregon St. Bernard Rescue and the National Saint Bernard Rescue Foundation, Inc.

Was a copy of the policies and procedures manual given to the volunteer? _____

Given by whom? _____ Method? _____

Date Given? _____

VOLUNTEER APPLICATION

Oregon Saint Bernard Rescue, a chapter of National Saint Bernard Rescue Foundation, Inc.

To Ensure that a saint Bernard placed in your foster care will be best suited to your home and lifestyle, and that it will be placed in an environment compatible with its needs, please complete this form and return it to the address on the front of the application, or email it to sixofswords@msn.com. Thank you!

Name _____

Address _____

City State Zip _____

Rent or own? _____ Landlord name and contact information _____

Fenced yard? _____ Type of fence: _____ Height: _____

Phone (Home) _____ (Work) _____ (Cell) _____

Email _____ Best way to reach you? _____

1. What experience have you had with Saint Bernards, giant breeds and/or rescue organizations? _____

2. Name, address and phone number of your veterinarian _____

3. Please indicate the following in your household:

- a. Number of adults _____
- b. Number of children _____
- c. Ages of children _____
- d. Number of dogs _____ Are all dogs fixed? _____ If not, why not? _____
- e. Where are the dogs during the day? _____ At night? _____
- f. Number of cats _____ Are all cats fixed? _____ If not, why not? _____
- g. Other animals _____

4. I live in a (*circle one*)

- a. House
- b. Condo/Co Op
- c. Apartment
- d. Mobile Home/Park

5. Do you have the proper facilities to keep the saint separate from your other pets?
Yes _____ No _____
6. Will you groom the Saint on a regular basis? Yes _____ No _____
7. Have you ever obedience trained a Saint? Yes _____ No _____
8. Are you willing to work on obedience training with this saint while it is under your care? Yes _____ No _____
9. Are you familiar with the symptoms and suggested preventative measures of and for Gastric Torsion (also known as Bloat)? Yes _____ No _____
10. Do you prefer a Male _____ Female _____ or No Preference _____
11. Are you willing to care for a saint under veterinary supervision or medical care?
Please check any that apply:
 - a. _____ Just recovering from Neuter/Spay
 - b. _____ In heat or awaiting Neuter/Spay
 - c. _____ Recovering from hip surgery
 - d. _____ Malnourished
 - e. _____ On antibiotics
 - f. _____ Recovering from a broken bone
 - g. _____ Administering eye medication
 - h. _____ Wound treatment
 - i. _____ Needing complete rest
 - j. _____ Senior Saints
12. How far away are you willing to travel to meet a rescue dog? _____
13. Will you work with an aggressive Saint? Yes _____ No _____
14. Will you take a Saint that is not housetrained? Yes _____ No _____
15. Can you cover the cost of feeding a Saint? Yes _____ No _____
16. Are you interested in becoming part of our Saint Shuttle Service (transport assistance)? Yes _____ No _____
17. Is there a behaviorist in your area to help the dog with social/behavioral problems?
Yes (name) _____ No/Don't Know _____

FOSTER AGREEMENT

I agree to act as a “foster Owner” for the Saint Bernard Rescue and to follow the guidelines and instructions given by the State Rescue Representative who placed the dog in my care. I understand and agree that I will be responsible for the care and well being of the Saint Bernard from the time the dog is placed in my care until the dog is either returned to or picked up by the Rescue Representative or an adoptive family designated by the State Rescue Representative, as communicated to me personally by the State Rescue Representative. I understand and agree that I am to provide care to the Saint Bernard which will include regular exercise, two meals each day, fresh water at all times and dog treats as well as training in basic skills to prepare him/her for potential adoption. I will take the dog to the veterinarian, if needed for tests, shots, medication and other medical care after receiving approval from the State Rescue Representative who placed the dog in my care. I will stay in regular contact with the State Rescue Representative and if any problems arise, I agree to contact Allie Kane at 503-502-8993.

By signing below, I certify that the information I have given above is true.

Your signature _____

Date _____

Please note any questions below:

Thank you for contacting Saint Bernard Rescue. Our mission could never be accomplished without caring people like you and your family!

Accepted by: _____ for Oregon Saint Bernard Rescue and the National Saint Bernard Rescue Foundation, Inc.