



**SECOND CITY**  
CANINE ♥ RESCUE

Second City Canine Rescue – Volunteer Application

PO Box 721094  
Roselle, IL 60172  
p 847.807.5364  
f 847.807.4407

www.seconcitycaninerescue.org

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Occupation: \_\_\_\_\_ FT/PT? \_\_\_\_\_

Are you 18 years or older: Yes No If no, please attach written consent from your parent/guardian.

Please check the following areas you are interested in helping with (can check multiple):

- Adoption Show Handler     Foster Home (see separate foster home application)     Fundraising
- Event Planning                       Walking Dogs                       Administrative Tasks

Briefly describe your experience with dogs:

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer for Second City Canine Rescue?

\_\_\_\_\_  
\_\_\_\_\_

Please describe your typical time availability:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_

Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

I, \_\_\_\_\_, certify that the information provided in this application is complete and accurate to the best of my knowledge. I, along with those persons who may accompany me, assume risk of injury which may be incurred as a result of my viewing any animal under the care of Second City Canine Rescue.

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