



**Our Mission:**  
To rescue American Eskimo dogs in life-threatening situations and place them in loving homes.

Volunteering for American Eskimo Rescue of St. Louis (AER STL)

Thank you very much for wanting to volunteer for American Eskimo Rescue of St. Louis. Volunteers are very special people. They have a sense of commitment to something greater than their own personal needs. We recognize that our volunteers provide AER STL with a resource of talent, skills, and knowledge about helping homeless dogs. AER STL values this contribution and hopes to offer each volunteer a satisfying, productive, and rewarding experience. Here is a list of current volunteer opportunities.

- Fostering Homeless Dogs
- Working Adoption Day
- Working Events
- Transporting – In town, Out-of-Town
- Taking Foster Dogs to Vet Visits (if needed)
- Helping with Paperwork
- Visiting with Dogs that may be in Boarding (due to no available foster homes)
- Conducting Home Visits
- Computer Work

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**APPLICATION FOR VOLUNTEERING**

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

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

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

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you 18 or older? YES \_\_\_\_\_ NO \_\_\_\_\_ (Anyone under 18 must be accompanied by a parent.)

List skills/hobbies/interests/training which may assist you in your volunteer activities:

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

Have you ever been convicted of a criminal felony? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please explain the nature of the crime and the date of the conviction and disposition. A conviction is not an automatic bar to volunteer service. Each case will be considered on its own merits.)

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Do you understand that dogs rescue dogs “can be flight risks” and need careful supervision while in your care, such as walking on a leash or transporting the dog to another location or adoption day?

\_\_\_\_\_ YES    \_\_\_\_\_ NO

Are you opposed to crating a foster dog while in your care?

\_\_\_\_\_ YES    \_\_\_\_\_ NO

Would you like to share any other information? If so, please include on the back of this form (if completing a paper copy or by Email).

Statement of Understanding

This is an application to serve as a volunteer with American Eskimo Rescue of St. Louis (AER STL). Volunteers are not employees/board members of AER STL and do not receive monetary compensation. All qualified volunteer applications will receive consideration without regard to race, color, sex (including pregnancy, childbirth, or related medical conditions), religion, national origin, citizenship, age, sexual orientation, disability, veteran status, marital status, or any other basis prohibited by law. If accommodation assistance is needed to complete this application/or volunteer application process, please check with an AER STL board member at 314-647-1112.

The information in this application is true and complete and I have not knowingly withheld any information. I understand that misrepresentations or omissions may be cause for immediate rejection as a volunteer applicant or my termination as a volunteer. I authorize verification of all information contained in this application. As a volunteer of AER STL, I agree to follow all AER STL guidelines and policies. I am aware that AER STL has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time.

I recognize that AER STL may record, film, photograph, audiotape, or videotape my name, image, likeness, or volunteer work, and I grant permission to AER STL to display, publish, distribute, or exhibit such for purpose of an in connection with any material that may be created by AER STL.

As consideration for AER STL’s decision to allow me to serve as a volunteer for AER STL, I hereby fully and forever release and discharge AER STL, its affiliates, members, directors, officers, agents, and representatives (collectively, the “Releases”) from any and all liability for claims of injury, death, economic damage, property damage, costs, liabilities, expenses, losses, fines, and obligations of any nature (including reasonable attorney’s fees) that are caused by negligence or fault on the part of any of the Releases in connection with my volunteering for AER STL or a result of or during any of the Releases’ administration of first aid or seeking medication care for me. Furthermore, I agree that this Form shall be governed in every respect by the laws of the State of Missouri. This release of liability does not purport to release the Releases from liability for intentional torts, gross negligence, or activity involving the public interest.

Statement of Understanding

By signing, I have read and understand the requirements for becoming an AER STL.

Signature

\_\_\_\_\_ Date \_\_\_\_\_