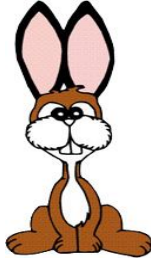


**LUV-N-BUNNS**  
Rabbit Rescue & Placement for Abandoned Buns



P.O. Box 16, Broomall, PA 19008  
Email: [LuvNBunnsVolunteers@gmail.com](mailto:LuvNBunnsVolunteers@gmail.com)

### Volunteer Application

Luv-N-Bunns is a non-profit organization dedicated to the rescue, care and adoption of house rabbits in need of a permanent loving home. We are staffed entirely by volunteers who give their time and effort to providing a better life for house rabbits who need our help. As the 3<sup>rd</sup> most euthanized pet, they desperately need our help to educate owners on their needs and care.

If you would like to share in this effort, please fill out this form and submit it to [LuvNBunnsVolunteers@gmail.com](mailto:LuvNBunnsVolunteers@gmail.com) or via mail at the address above. We will contact you shortly regarding the activities in which you have expressed an interest.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

(please note, most communication will be via email.)

Are you 16 or older? Yes No (circle one)

Occupation \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What days and times are you available?

\_\_\_\_\_

Have you ever worked with a rescue group before, and if so who?

\_\_\_\_\_

Have you ever been convicted of a crime? If so, please explain.\*\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*\*\*Please note that, a conviction will not automatically prevent you from being able to volunteer. Volunteering for Luv-N-Bunns will not count towards any court mandated service.*

**Areas of interest (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Fund Raising                      | <input type="checkbox"/> Reference Calls                         |
| <input type="checkbox"/> Transporting Buns to spay/neuters | <input type="checkbox"/> Grant research and writing              |
| <input type="checkbox"/> Outreach events                   | <input type="checkbox"/> Fostering (please fill out Foster page) |
| <input type="checkbox"/> Weekly cage cleaning              |  |

**Relevant Skills and Training (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting/Bookkeeping                 | <input type="checkbox"/> Creative/Graphic/Artistic Design |
| <input type="checkbox"/> Electrician                            | <input type="checkbox"/> Fundraising/Event Planning       |
| <input type="checkbox"/> IT/Computers                           | <input type="checkbox"/> Office support                   |
| <input type="checkbox"/> Biology/Environmental Science          | <input type="checkbox"/> Customer Service                 |
| <input type="checkbox"/> EMT/Nursing                            | <input type="checkbox"/> Gardening/Landscaping            |
| <input type="checkbox"/> Marketing                              | <input type="checkbox"/> Painting                         |
| <input type="checkbox"/> Carpentry/General Repairs/Construction | <input type="checkbox"/> Education/Teaching               |
| <input type="checkbox"/> First Aid/CPR                          | <input type="checkbox"/> HVAC                             |
| <input type="checkbox"/> Multilingual                           | <input type="checkbox"/> Photo/ Video Production          |
| <input type="checkbox"/> Plumbing                               | <input type="checkbox"/> Veterinary/Medical               |
| <input type="checkbox"/> Writing/Editing/Communications         | <input type="checkbox"/> Sewing                           |

**Have you had any experience similar to the position for which you are applying?  
Please describe and include any previous animal related experiences or unique skills  
not listed here.**

---

---

---

---

**In case of emergency, who should we notify?**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship to you \_\_\_\_\_

Do you want us to notify your doctor? \_\_\_\_\_  
Please provide your Doctor's name and phone number: \_\_\_\_\_  
\_\_\_\_\_

**FOR FOSTERS ONLY:**

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

Do you own your home? \_\_\_\_\_

If not, landlord name and number: \_\_\_\_\_

Other animals in household, age and type \_\_\_\_\_

Number of people in your household \_\_\_\_\_

Ages of any children \_\_\_\_\_

Have you ever fostered before? \_\_\_\_\_ If so, for whom? \_\_\_\_\_

**Personal references: (No more than one family member.)**

*Reference 1:*

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

Relationship: \_\_\_\_\_

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

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

Phone \_\_\_\_\_ email \_\_\_\_\_

*Reference 2:*

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

Relationship: \_\_\_\_\_

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

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

Phone \_\_\_\_\_ email \_\_\_\_\_

**PLEASE READ:**

I will remember that in all my dealings with the public as a volunteer, I am representing Luv-N-Bunns Rabbit Rescue, and that the public will consider my words and actions regarding rescue activities representative of the attitude and position of Luv-N-Bunns Rabbit Rescue as an organization. If I enter into activities of a political or controversial nature, I am doing so as an individual, separate from Luv-N-Bunns Rabbit Rescue.

I understand that as an individual, I cannot enter into agreements for the organization; any such activity will be forwarded to the Luv-N-Bunns Rabbit Rescue Board of Directors.

I accept full responsibility for expenses incurred by myself as a volunteer for Luv-N-Bunns Rabbit Rescue. Although I may be reimbursed By Luv-N-Bunns Rabbit Rescue, I must have prior approval from an officer of the Board of Directors, as well as the necessary documentation and receipts.

I will always remember that I represent a non-profit organization and cannot profit from any activity related to the organization.

I understand that Luv-N-Bunns cannot guarantee the health, behavior, or temperament of any rabbit I handle. I am aware that a rabbit may cause personal or property damage and agree to keep pets in my care securely contained.

I understand that Luv-N-Bunns Rabbit Rescue volunteers are subject to a reference check.

I understand that it is my decision to volunteer for Luv-N-Bunns Rabbit Rescue and will not hold Luv-N-Bunns Rabbit Rescue, or any of its members, liable for any damage, injury, or harm caused directly or indirectly through my volunteer activities.

I understand that my service with Luv-N-Bunns as a volunteer or foster may be terminated at any time.

Please sign here: \_\_\_\_\_ Date \_\_\_\_\_