

Volunteer Application



Personal Information (Please print or type)

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _() _____ Cell Phone: _() _____

Email: _____

*****IF YOU ARE UNDER 18 YEARS OF AGE WE NEED A PARENT OR GUARDIAN SIGNATURE

Signature of Parent or Guardian

Date

Emergency contact

Name: _____ Relationship: _____

Home phone: _() _____ Cell phone _() _____

How did you hear about our organization? Referral, event, ad, radio, social media:

What interests you most in working with our company for volunteer purposes? Number 1 is the most interest and continue to number to least interest or leave blank for no interest-

___ Level 1 trainer- puppy raiser ___ Training intern or assistant ___ Occasional care giver/kennel assistant

___ Occasional puppy sitting/socializing/day trips ___ Transportation ___ Administration ___ Fundraising

___ Crafts ___ Events ___ Other _____

List any employment, hobbies, training, or education, that you feel would benefit our organization?

Why are you interested in working with our organization?

Have you ever worked for Canines for Change? Yes or no If yes, when: _____

Have you ever received services from Canines for Change? Yes or no If yes, what: _____

Do you have a valid driver's license? Yes or no

Do you have a car available for use while volunteering? Yes or no

References:

1. Name: _____ Relationship: _____

City: _____ State: _____

Occupation: _____ Years acquainted: _____

Home phone: _() _____ Cell Phone: _() _____

Email: _____

2. Name: _____ Relationship: _____

City: _____ State: _____

Occupation: _____ Years acquainted: _____

Home phone: _() _____ Cell Phone: _() _____

Email: _____

3. Name: _____ Relationship: _____

City: _____ State: _____

Occupation: _____ Years acquainted: _____

Home phone: _() _____ Cell Phone: _() _____

Email: _____

CANINES FOR CHANGE considers applicants for volunteering without regard to sex, race, age, religion, national origin, veteran, marital status, or any other legally protected status.

Authorization and Agreement by Applicant

1. I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application may result in the rejection of my application or discharge from the volunteer program.
2. I consent to having Canines for Change complete a back ground check prior to my volunteering.
3. If requested, I agree to drug screening. I understand that not passing a drug screening would be cause for termination from the volunteer program.

Signature of Applicant

Date

Signature of Parent or Guardian (if under 18)

Date