

Canine Partners For Life - Volunteer Application

Name: _____ Date: _____

Home Address: _____

School Address – if college student: _____

Date of Birth: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email address: _____

Highest Level of Education: _____

Social Security Number: _____

EMPLOYMENT

Provide information on your current employer, if applicable in the space below:

Position/Title: _____

Dates of Most Recent Employment (starting/ending):

Company/Employer: _____

Address: _____

Would you like us to keep your employer abreast of your volunteer service and achievement? _____ Yes _____ No

Schooling

Provide information on your current schooling, if applicable, in the space below:

Current grade/level: _____

Name of school: _____

Address of school: _____

Other areas of interest

Special training, skills, hobbies and interests: _____

Groups, clubs, organizational memberships: _____

Please describe your prior volunteer experience (include organization name and dates of service):

What experiences have you had that may prepare you to work as a volunteer in the field of service dog training/disability service:

Why do you want to volunteer at Canine Partners For Life:

Are you interested in becoming a Puppy Home? YES NO
Temporary Puppy Home? YES NO

Are you a member of, or do you support financially, any animal rights organizations (example PETA) _____Yes _____No
If yes, please explain in detail the level of your involvement: _____

Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and the date of the conviction and disposition.) Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have a driver's license:

_____ Yes _____ No License # _____ State: _____

Car insurance: _____ Yes _____ No

Health insurance: _____ Yes _____ No

References: Please include two letters of recommendation written by someone outside your immediate family (their phone number should be included) with your Volunteer Application.

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Canine Partners For Life that is true, correct and complete to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Canine Partners For Life. I understand that misrepresentation or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Canine Partners For Life or my termination as a volunteer. I give my permission for Canine Partners For Life to contact my references.

Signature: _____ Date: _____

If under 18 years of age, signature of parent/legal custodian is also required

Signature: _____ Date: _____

Canine Partners For Life - Volunteer Application

Name: _____ Date: _____

Home Address: _____

School Address – if college student: _____

Date of Birth: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email address: _____

Highest Level of Education: _____

Social Security Number: _____

EMPLOYMENT

Provide information on your current employer, if applicable in the space below:

Position/Title: _____

Dates of Most Recent Employment (starting/ending):

Company/Employer: _____

Address: _____

Would you like us to keep your employer abreast of your volunteer service and achievement? _____ Yes _____ No

Schooling

Provide information on your current schooling, if applicable, in the space below:

Current grade/level: _____

Name of school: _____

Address of school: _____

Other areas of interest

Special training, skills, hobbies and interests: _____

Groups, clubs, organizational memberships: _____

Please describe your prior volunteer experience (include organization name and dates of service):

What experiences have you had that may prepare you to work as a volunteer in the field of service dog training/disability service:

Why do you want to volunteer at Canine Partners For Life:

Are you interested in becoming a Puppy Home? YES NO
Temporary Puppy Home? YES NO

Are you a member of, or do you support financially, any animal rights organizations (example PETA) _____Yes _____No
If yes, please explain in detail the level of your involvement: _____

Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and the date of the conviction and disposition.) Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have a driver's license:

_____ Yes _____ No License # _____ State: _____

Car insurance: _____ Yes _____ No

Health insurance: _____ Yes _____ No

References: Please include two letters of recommendation written by someone outside your immediate family (their phone number should be included) with your Volunteer Application.

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Canine Partners For Life that is true, correct and complete to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Canine Partners For Life. I understand that misrepresentation or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Canine Partners For Life or my termination as a volunteer. I give my permission for Canine Partners For Life to contact my references.

Signature: _____ Date: _____

If under 18 years of age, signature of parent/legal custodian is also required

Signature: _____ Date: _____