



## VOLUNTEER APPLICATION

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

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

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

**Please list your available schedule:** \_\_\_\_\_

Please circle the program you would be interested in:

**Office Support** – Answer phones, Computer Data entry, Walk-in inquires, Assemble Mailers, Copying, & Scanning

**Dog Park** – Dog Park Ambassador, Dog Park Maintenance items, as needed.

**Fund Development** – Fundraising, Presentations, Computer Data Entry, Grant writing

**Special Events** – Assist with Booth information.

**Veterans Training Veterans Program (VTV)** – 5 sessions currently available on DFL website. This course explains the overall vision and operation of Dogs for Life and is a *prerequisite for the Service Dog and Foster Dog Training Programs*.

**Service Dog Training Program** – 4 weeks / 1 hour a week course. *Prerequisite includes completion of the Foster Dog/Puppy Program.*

**Foster Dog / Puppy Program** – *Prerequisite includes completion of Service Dog Training.*

Please list any additional skills or experience that you have:

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

Please circle list Experience/Expertise you could bring to our Organization:

Dog Training  
Veterinarian/Vet Tech  
Military Experience

Major gifts/Grant writing  
Planned Gift Giving  
Management/Executive

Marketing/Publicity  
Strategic Planning  
Leadership



Please describe your prior non-profit organization involvement (if any): Is there anything else we need to know about your experiences or skills? \_\_\_\_\_

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Please circle your Community Connections:

Religious Organizations  
Corporate  
Education  
Social Services

Philanthropy  
Small Business  
Large Business

Media  
Political  
Other: \_\_\_\_\_

### **Emergency Contact Information**

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

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

Email: \_\_\_\_\_

Thank you for your interest in volunteering your time with Dogs for Life. You will be contacted within the next 30 days as to the status of your application to the Dogs for Life.

I understand that participation in any Dogs for Life, Inc program is not without risk to me, members of my family or guests. I understand that some of the dogs to which I (we) may be exposed to may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release, Dogs for Life, Inc. employees, or agents from any and all liability of any nature, for injury or damage which I may suffer, including specifically, but not without limitations, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending Dogs for Life, programs, or any other functions of DFL, or the Dog Park, or while on the training grounds or the surrounding area thereto.

### **Understood and agreed to by:**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

### **If person is a minor:**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_





DFL strives to maintain the confidentiality of information in all aspects of the organization. Personnel and client files are kept in locked cabinets. All personal information provided by clients in the Service Dog application process and training program is kept confidential. Staff members and volunteers are also made aware of DFL's confidentiality policy in section 3.1 of the Volunteer & Staff Handbook, excerpt below:

## **CONFIDENTIALITY**

### **3.1**

You are expected to keep confidential any DFL information to which you have access. Examples of confidential information include client personal or disability history, donor information, evaluations, etc. Staff members and volunteers are expected to limit dissemination or exposure of confidential information to unauthorized individuals by policing work stations and refraining from discussing confidential matters in an open forum.

DFL written materials, including any and all manuals, lectures, policies, procedures, promotions, etc., cannot be reproduced or disseminated without the express consent of the Executive Director.

Any deliberate attempt to reveal confidential information, or repeated accidental revelations, will be grounds for termination.

### **Understood and agreed to by:**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

### **If person is a minor:**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_