**VOLUNTEER APPLICATION**

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

Please circle your area(s) of interest:

**Office Support** *–* Answer phones, computer data entry, walk-in inquiries, assemble mailers, copying & scanning

**Fund Development** –Fundraising, presentations, computer data entry, grant writing

**Special Events** – Distribute information at outdoor information booths

Please check any Experience/Expertise you could bring to our organization:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Dog Training/Dog Behavior |  | Major Gifts/Grant Writing |  | Marketing/Publicity |
|  | Veterinarian/Vet Tech |  | Military Experience |  | Strategic Planning |
|  | Religious Organizations |  | Management/Executive |  | Leadership |
|  | Corporate/Business |  | Education |  | Philanthropy |
|  | Social Services |  | Other: |  |  |

Please list any additional skills or non-profit experience that you have that you think might benefit DFL:

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

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

**Educational videos available on** [**www.dogsforlifevb.org**](http://www.dogsforlifevb.org)**:**

**Veterans Training Veterans Program** **(VTV)** – Five-session course that explains the overall vision and operation of Dogs For Life. ***VTV is required of all volunteers.***

**Puppy Raising** –Two-part workshop required of volunteers who wish to foster a puppy in training

**Off-Leash Dog Park** – Video for volunteers seeking to become “Dog Park Ambassadors”

**Emergency Contact Information**

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

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

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

**Confidentiality**

You are expected to keep confidential any Dogs For Life, Inc. 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 workstations and refraining from discussing confidential matters in an open forum.

**Hold Harmless & Photo/Video Release**

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., its employees, or agents from any and all liability of any nature, for injury or damage which I may suffer, including specifically, but not limited to, 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, any other functions of Dogs For Life or the Dog Park, or while on the training grounds or the surrounding area.

I understand that any photographs and videos may be used for educational or promotional purposes and may be submitted to related publications and organizations. I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I will additionally permit free use of my name, video, and pictures of me and/or my dog for Dogs For Life brochures, newsletters, and other materials.

This agreement shall be interpreted by the laws of the State of Florida and the parties herein subject to jurisdiction with the State Courts of the State of Florida with venue in Indian River County, Florida.

Your signature below indicates that you have read this agreement carefully and fully understand its provisions and agree to all its conditions.

**Understood and agreed to by:**

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

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

*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 volunteer application.*