



## ASSISTANCE DOGS NORTHWEST Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please return to our office via email, fax, or mail.*

### Part I

- 1.) Why would you like to volunteer for our organization?
  
- 2.) How did you learn about Assistance Dogs Northwest? Who referred you to our program?
  
- 3.) Please indicate the days and hours you are available for volunteer work. Please add any additional comments about your schedule.
  
- 4.) When can you begin volunteer work?
  
- 5.) Please check your age group:  11-17  18-30  31-50  51-65  65+
  
- 6.) Please indicate the type of volunteer work you are interested in:  
 Puppy Raising (8-12months)  
 Dog Sitting (short-term) \*Must have a fenced in yard\*  
 Dog Grooming  
 Facility Cleaning/Maintenance  
 Dog Walking/Playing  
 Office Work  
 Fundraising Activities  
 PR/Marketing  
 Community Outreach Visits to Hospitals/Nursing Homes  
 Special Events  
 Weekend Dog Sitting on Campus (4-6 hours)
  
- 7.) Please describe any experiences and/or skills you have relating to the areas you checked above.
  
- 8.) Have you volunteered or worked for a non-profit before? If so, please list name of organization.
  
- 9.) How will your work with our organization be of benefit to our agency?



10.) Do you work best when you...  
\_\_ initiate and follow through by yourself (after sufficient training), or  
\_\_ receive ongoing direction.

11.) If you are employed, please list your employer's name and phone number:

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

12.) If you are a student, are you seeking to volunteer as part of a school program or internship experience? If so, please provide the following information.

Name of School: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_ PH: \_\_\_\_\_

Program Coordinator Email: \_\_\_\_\_

Dates: \_\_\_\_\_ Hours Needed: \_\_\_\_\_ Credit \_\_\_ No Credit \_\_\_

**PART II Please list two personal references:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Part III Additional Comments**

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**Part IV Volunteer Applicant Agreement**

- I declare that the above information is accurate.
- I will not hold ADNW liable for any injuries sustained while working for them.
- I understand that if I am injured while acting as an unpaid member of the volunteer staff I am not covered by Worker's Compensation Law.
- I agree not to train service dogs on my own within the geographical location ADNW serves including Washington, Oregon and Idaho
- I understand that all ADNW information is confidential and only to be used by the volunteer for ADNW work while enlisted as a volunteer.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**