

Disability Assistance Dogs

Volunteer Information Form

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Over 18? _____ If not, date of birth _____

Occupation: _____

Days available to volunteer: (circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday

Times: _____

Areas of interest: (check all that apply)

Animal Care – grooming, feeding, exercising, playing

Puppy Raising – raise a puppy in your home – additional application and interview required

Training Assistant – assist an owner-trainer in training sessions

Clerical/Administrative – copying, typing, mailings, scrapbooks, display boards, record keeping

Public Relations – information booths at area events, writing and producing newsletter, press releases, etc.

Fund Raising – organizing and participating in various fund raisers

Board Member

Other skills and interests or professional services: _____

Additional Comments: _____

Previous other volunteer experience: _____

How did you hear about D.A.D.? _____

Signature _____ Date _____

Thank you for your interest in volunteering with D.A.D. Being a volunteer can be a very rewarding experience. Your application will be reviewed and you will be contacted in the near future.