



**A Non-Profit Organization Providing
Technology & Veterinary Assistance for Service Dog Users**

Volunteer/Intern application

First Name _____ Last Name _____

Address _____ City/State/Zip _____

Telephone(____)____-____ E-mail _____

Date of Birth _____ Spouse's Name _____

Physical Limitations: ___ No ___ Yes (Please Explain) _____

Education _____

Former work/occupation _____ Most recent employer (optional)

List previous volunteer experience.....

Skills (List any skills you feel may be helpful to the Center)

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Number of hours per week: _____

Monday Tuesday Wednesday Thursday Friday Virtual No Preference

What type of volunteer work are you most interested in?

___ Fundraising ___ Letter Writing ___ Database creation/update

___ Presentations ___ Technology ___ Other _____

In an emergency, notify:

First Name..... Last Name.....

Address.....

City/State/Zip.....Telephone.....

Is this volunteer experience being conducted as an internship? ____ Yes ____ No (If you wish to conduct your volunteer work to satisfy requirements for an academic internship, please attach internship guidelines and contact information for your academic advisor or internship coordinator.)

I certify that all information provided in this application and attached documents is accurate and correct to the best of my knowledge.

(Signature/Volunteer) Date

(Signature/Staff)

(Date)