

Freedom Dog Teams Volunteer Form



We can't do it without you, but to get to know you better and place you where you can make the biggest difference, please fill out this volunteer form!

Name: _____

Address: _____

Home Phone #: _____ Mobile Phone #: _____

Email: _____

How many dogs do you have? _____

Have you attend dog training classes? _____ How many or long? _____

Where did you attend classes? _____

Have you ever been convicted or accused of animal abuse? _____

If so, please explain: _____

Have you ever been convicted of a felony? _____

In your own words, tell us how you would like to help out: _____

How many hours a week do you want to volunteer? _____

What days are you available? Circle all that apply and clarify what time. (Can be specific hours or mornings, afternoons, evenings)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Anything we should know about your schedule that isn't addressed above?

Are you willing to foster a dog during its training? _____

What type of fencing do you have? _____

Where would the dog be most of the time? _____

Do you have children? _____

Do you have other animals, and if so what _____

List two references (one needs to be a past employer or co-worker)

Name: _____ Phone#: _____ Email: _____

How you know this reference: _____

Name: _____ Phone#: _____ Email: _____

How you know this reference: _____

Do you have any mobility issues, hearing loss, visibility, or other physical or mental issues that we should know about to make your volunteering more successful? _____

Do you give us permission to do a back ground check?

_____ Yes, I give you permission to do a background check.

_____ No, I do not give you permission to do a background check.

Sign: _____ Date: _____

_____ Yes, I give permission to use photographs of me in advertisements for Freedom Dog Teams.

_____ No, I do not give permission to use photographs of me in advertisements for Freedom Dog Teams.

Sign: _____ Date: _____

Everything on this form is true and filled out to the best of my knowledge.

Sign: _____ Date: _____