

Volunteer Application

| Name: | | | | | |
|---|--------------|-----------|-------------------|---------|---|
| | | | | | |
| Phone: | | | | | |
| Days and Times Available: (Please circle & indicate time) | M | Т | W | Th | F |
| Court Ordered Community S | ervice? Y or | N Hours F | Required to compl | ete | |
| Volunteer commitment – | One Time | Weekly | Monthly | On Call | |
| Weight Restrictions: (Please circle) | Yes No | | | | |
| One personal reference Name: | | | Phone #: | | |
| Other languages you speak? | | | | | |
| Anything you want us to know | w: | | | | |
| | | | | | |
| OFFICE USE ONLY | | | | | |
| Date Started | Train | ning Date | | | |
| Notes_ | | | | | |