

Canine Companions Volunteer Application

Name: _____ D.O.B. _____ Gender: M ___ F ___

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt Phone #: _____ Email: _____

If you are under 18, we must have written consent by a parent or guardian.

Currently employed? Y ___ N ___ Average # of hours worked a week: _____

What day(s) works best for you? (Check all that apply)

___ Sun ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat

What time of the day works best for you? (Check all that apply)

Morning ___ Afternoon ___ Evening ___

Hours per day / week / month are you willing to volunteer? Please be as specific as possible.

Reason for volunteering: _____

Please check the area in which you are willing to donate you time. (Check all that apply)

___ Social / play time ___ Bathing & brushing ___ Walking/Exercising ___ Potty Monitor
and Clean Up ___ Training Assistant

Are you a pet owner currently or in the past? If so, what breed(s)?

Volunteer Signiture: _____ Date: _____

(Parent or Guardian signiture if under 18 years of age)

Canine Companions : _____ Date: _____