



## Volunteer Application

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

### Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Events/Fundraising	
<input type="checkbox"/> Rescue/Shelter Relations	
<input type="checkbox"/> Community Outreach	
<input type="checkbox"/> Military Veteran Outreach	
<input type="checkbox"/> Social Media	
<input type="checkbox"/> Dog Training	
<input type="checkbox"/> Certified & Insured Therapy Dog/Handler	LOAL _____ ATD _____ Other _____ (Name: _____)
<b>**Please provide a copy of your current organization certification &amp; Insurance policy**</b>	
<input type="checkbox"/> Other:	_____

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

--



### Previous Volunteer Experience

Summarize your previous volunteer experience.

--

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with Military Animal Project.