



K9 4 KEEPS, NFP – Volunteer Application

Application Date:	How did you hear of K9 4 KEEPS?
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Volunteer Applicant Information

Last Name:	First Name:	DOB:
Address:		Apartment #:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		

Do you have a valid driver's license? Yes No

If you have a vehicle, would you be willing to transport dogs as part of your volunteer work? Yes No

If yes, do you have current liability insurance on your vehicle? Yes No

Who is your vehicle insurance carrier?

Do you have any companion animals? Yes No If yes, please list:

Are you a member of any animal welfare organizations? Yes No If yes, how do you participate?

Describe any previous experience (volunteer, paid, educational, etc.) that would be helpful in working with animals. Please provide the organization, activity and dates below:

What type of volunteer work would you like to do for K9 4 KEEPS, NFP? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> dog walking | <input type="checkbox"/> fostering | <input type="checkbox"/> dog transporting |
| <input type="checkbox"/> home visiting | <input type="checkbox"/> administrative work | <input type="checkbox"/> copy writing |
| <input type="checkbox"/> grant writing | <input type="checkbox"/> pet photography | <input type="checkbox"/> public relations |
| <input type="checkbox"/> event planning | <input type="checkbox"/> event coordinating | <input type="checkbox"/> fundraising |
| <input type="checkbox"/> foster & adoption counseling | <input type="checkbox"/> foster & adoption coordinating | <input type="checkbox"/> obedience training |
| <input type="checkbox"/> community outreach | <input type="checkbox"/> other, please list: | |

Are you proficient in a language other than English? Yes No If yes, which language(s)?

Do you have any limitations (heavy lifting, limited walking, allergies, etc.) that might impact the ways in which you volunteer? Yes No If yes, please explain.

When are you available to volunteer? (Mornings, Afternoons, Evenings, Weekends, Weekdays, Other)

In case of emergency, K9 4 KEEPS should contact:

Name:

Phone:

Relationship:

Have you ever been convicted of a violent crime? Yes No If yes, please explain:

Employment Information

Occupation:	Current Employer:		
Address:			
City:	State:	Zip Code:	
How long have you been with this employer?			Work Phone:

By choosing YES below, I declare under penalty of perjury that all statements on this application form are true and complete to the best of my knowledge. I understand that giving false, misleading, or incomplete information shall be cause for disqualification. Yes No

I grant permission to K9 4 KEEPS, NFP and its authorized agents to use my name, image, and any other record of my participation.

Signatures

Applicant Signature:	Date:
Parent/Guardian Signature:	Date:

Thank you for your application,
K9 4 KEEPS, NFP