

PAWS AND STRIPES VOLUNTEER APPLICATION
(PLEASE PRINT)

Name: _____ Date: _____

Address: _____

Email: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Work phone: _____

Have you been convicted of a felony within the past five years?

If yes, please explain: _____

Are you a student?

Are you 18 years or older?

Have you done volunteer work at another nonprofit?

If yes, where and what did you do? _____

What type of work would you like to do here? _____

List any hobbies or interests: _____

What skills, training, or knowledge do you wish to utilize here? _____

Why do you want to volunteer here? _____

When are you available to volunteer and for how long? _____

Are you familiar with PTSD or TBI?

If so, explain: _____

If you have a disability, what accommodation would you need to do this volunteer position? _____

What training, resources or support do you anticipate needing to do this volunteer work?

Please provide 3 personal or professional references:

Name	Phone Number	Relationship
1		
2		
3		

I hereby attest that the above information is true to the best of my knowledge.

Signature

Date

In case of emergency, please contact:

Name: _____ Relationship: _____ Phone: _____