



## VOLUNTEER APPLICATION – K9 KARE TEAM

Please email completed application to [info@pawpads.org](mailto:info@pawpads.org) or mail to 9877 234<sup>th</sup> St E, Lakeville, MN 55044.

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Do you have or have access to reliable transportation?  Yes  No

Please check what times you would be available to volunteer on a weekly basis:

<b>AVAILABILITY</b>						
	Monday	Tuesday	Thursday	Friday	Saturday	Sunday
8am–10am						
12pm–2pm						
4pm–6pm						
8:45pm–10pm						

\*Note: Some times only need one more person to fill that shift, so please select all available options and we will work together to decide your shift.

Can you volunteer regularly (once per week) for at least six months?  Yes  No

Expected length of commitment:

- Short-Term (6 months)
- Intermediate (6 months – 1 year)
- Long-Term

Are you volunteering to fulfil a course/school requirement?  Yes  No

**EMPLOYMENT:**

Are you employed?  Yes  No

If yes, where do you work? \_\_\_\_\_

**OTHER:**

Why would you like to volunteer with PawPADs? \_\_\_\_\_

\_\_\_\_\_

How did you hear about PawPADs? \_\_\_\_\_

Are you familiar with the use of assistance dogs? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you willing to agree and adhere to our policies and procedures to keep our dogs healthy and safe at all times?  Yes  No

What, if any, concerns would you have about volunteering? \_\_\_\_\_

\_\_\_\_\_

**Thank you for your interest in volunteering on a K9 Kare Team with PawPADs!**

I certify that all of the statements in this application are true and complete to the best of my knowledge.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Pawsitive Perspectives Assistance Dogs reserves the right to terminate, or exclude, participation as a volunteer if it can be determined that the volunteer's special circumstances or requirements could result in the unsafe handling of the dog or may cause undue hardship, personal injury to the handler, or endanger the safety of the public.

**ANTI-DISCRIMINATION CLAUSE**

It is the policy of Pawsitive Perspectives Assistance Dogs to extend equal consideration and treatment to all persons regardless of race, color, national origin, religion, creed, gender, sexual orientation, marital status, age, disability, or medical conditions.