



VOLUNTEER APPLICATION

Name: _____ Birthdate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Employer _____

Home phone: _____ Cell phone: _____

Seasonal (if so, months in SWFL) _____

Emergency contact: _____ Relationship: _____

Home phone: _____ Cell phone: _____

VOLUNTEER OPPORTUNITIES

Select the positions you are most interested in, and we will review/assess your application as to where you can best meet our needs.

Puppy Lover: Both in-house (at our training center) and short term in-home assignments are available. In-home assignments include basic potty training, puppy care, temperament training, imprinting and bonding. (Minimum physical fitness standards apply)

Fundraising: Event support, Public Relations, Social Media, Community Outreach, Donor Development, Marketing, etc.

Administrative: Assist with phone coverage and administrative tasks, be proficient in MS Word and Excel. Experience with non-profit software is a plus.

Include a brief overview of your skills as a potential volunteer for PAWS Assistance Dogs.

In consideration of PAWS Assistance Dogs, its vendors and/or contractors accepting my application for participation in volunteer programs, I agree to release and hold any and all parties harmless from and against any and all loss, damage, claims, liability, costs, and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in any and all programs. I agree that if an accident or injury should occur, no matter how minor, I will notify PAWS Assistance Dogs staff immediately and seek any necessary medical attention utilizing my own medical insurance and any/all care sought is at my personal expense.

I agree that PAWS Assistance/Therapy Dogs may photograph my participation in this program, and I hereby release any such photographs to these parties for use in its programs, publications and purposes.

I understand there are certain risks inherent in handling animals for those on certain medications (blood thinners in particular) or with compromised immune systems or balance issues, in addition to zoonotic diseases; I understand that I must notify PAWS staff if any of the aforementioned applies to me.

Signed: _____ Date: _____

Mail this completed and signed application to:

PAWS Assistance Dogs, Inc.
3173 Horseshoe Drive S., Naples, FL 34104
239.775.1660 • www.pawsassistancedogs.org

PAWS Assistance Dogs is a 501c3 nonprofit organization that promotes independence for combat wounded veterans and children with life-changing disabilities through partnerships with skilled assistance dogs. PAWS Assistance Dogs are always placed at no cost to those they serve. PAWS Assistance Dogs, Inc. is recognized as a 501(c)(3) non-profit charitable organization.