



Volunteer Application for Golden PAWS Assistance Dogs

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (Apartment/Unit #) (City/State) (Zip)

Phone: _____
(Home) (Work) (Cell)

Email Address: _____ Date of Birth: _____

Emergency Contact: _____	Phone: _____
Relationship: _____	

Have you ever been employed or volunteered with Golden PAWS Assistance Dogs? _____

Current Employer / School: _____

Occupation / Major: _____

If retired, previous occupation: _____

Why would you like to volunteer at Golden PAWS Assistance Dogs?

Please give us a brief overview of your skills as a potential volunteer for Golden PAWS Assistance Dogs.

Circle the type of volunteer work you are interested in below. We will review/assess your application and find where you best fit our need.

Puppy Lover/Puppy Nanny: You must be able to do the following: **lift 30 lbs., carry puppies, have good balance, be able to get on and off the ground, and follow strict instructions for puppy handling.**
(Minimum 4 hours per week)

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

Administrative: Assist with phone coverage and administrative tasks. Should be proficient in MS Word and Excel, experience with non-profit software is a plus. (Minimum 4 hours per week)

What are your special interests, hobbies, skills, etc.?

How many hours per week would you like to volunteer? _____

Indicate the day(s) you would prefer to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday

Are you a seasonal resident?	Yes	No	If so, please provide your out of town contact.	
Address: _____				
(Street)		(City/State)		(Zip Code)
Phone: _____				
(Home)		(Work)		(Cell)

How did you hear about Golden PAWS Assistance Dogs?

REFERENCES: Please provide two character references.		
NAME	EMAIL	Address

In consideration of Golden 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 Golden 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 Golden PAWS Assistance/Therapy Dogs may photograph my participation in this program, and hereby release any such photographs to these parties for use in its programs, publications and other 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 disease; I understand that I must notify Golden PAWS staff if any of the aforementioned applies to me.

Signature: _____

Date: _____

Print: _____

**Mail completed application to:
Golden PAWS Assistance Dogs, Inc.
3173 Horseshoe Drive S., Naples, FL 34104
239.775.1660 www.goldenpaws.org
Email: laura@goldenpaws.org**

Golden PAWS Assistance Dogs is a 501(c)(3) nonprofit organization that promotes independence for combat wounded Veterans and children with life-changing disabilities through partnerships with skilled assistance dogs. Our service dogs are always placed at no cost to those they serve.