



**Woofs For Warriors
PO Box 2466
Glens Falls, NY 12801
Volunteer Application**

Date _____

Personal Information

Name _____
Address _____ City _____ State _____
Zip _____

Home Phone: _____ Cell Phone : _____

E-mail: _____

Previous Volunteer Experience

Previous Animal Related Experience: (if any)

Occupation (Past occupation if retired):

Other information that will help us make a good match (such as education, general interests/
hobbies)

Are you a veteran? _____

Have any experience with the military? _____

Availability and Volunteer Assignment Preferences:

Mentoring Veterans and their dogs_____
Follow up on Veteran and Dog placements_____
Dog Training (working with veterans)_____
Fundraising_____
Help at events and booth setup_____
Social Media_____
Fostering dogs_____
Helping match dogs with veterans_____

Time Available to Volunteer

Please advise when you are available to volunteer:_____

Do You Have Any Physical Condition that May Limit Your Activities? Yes No
If Yes, Describe:

No

Who To Notify In Case Of An Emergency?

_____ Telephone Number:

Please list three persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Name _____ Phone
_____ Address

____ Relationship _____
Name _____
Phone _____ Address

____ Relationship _____
Name _____ Phone
_____ Address

____ Relationship _____

Comments:I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check

Signature. _____ Date _____