



## Volunteer Application

Today's Date: \_\_\_\_\_

**(Please legibly print all information. Incomplete applications will be placed on hold.)**

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

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

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

Mailing Address if different than above: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Best way to reach you: *(Please circle all that apply.)*      Phone              Text              Email

Are you, or a family member, affiliated with a First Responder agency? \_\_\_\_yes \_\_\_\_no

If yes, which agency and in what capacity?

Agency Name \_\_\_\_\_

First Responder (Active \_\_\_\_ Retired \_\_\_\_)

Family member \_\_\_\_\_

Civilian Staff / Volunteer \_\_\_\_\_

Are you, or a family member, affiliated with any branch of the armed services? \_\_\_\_yes \_\_\_\_no

If yes, which branch and in what capacity?

Branch: \_\_\_\_\_

Member (Active \_\_\_\_ Retired \_\_\_\_)

Family member \_\_\_\_\_

Contractor / Civilian Staff \_\_\_\_\_

Volunteer Opportunities - I am interested in the following volunteer opportunities: *(Please check all that apply.)*

\_\_\_\_ **Special Events / Booths**

\_\_\_\_ **Program Development**

\_\_\_\_ **Fundraising and/or Grant Writing**

\_\_\_\_ **Therapy K9 Team**

\_\_\_\_ **Marketing / Promotion / Social Media**

\_\_\_\_ **Photography / Media Relations**

\_\_\_\_ **Scenario Training (certification of K9's)**

\_\_\_\_ **Board, Advisory, Committee position**

What special skills do you have that you would like to contribute?

\_\_\_\_\_

Why are you interested in volunteering for Healing Hounds?

\_\_\_\_\_

*(4/23/2021) (Please complete both sides of this application and return to Healing Hounds by email or USPS)*

1. References (Please list 3 non-relatives that are familiar with your work or volunteering history.)

1. Name \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

*By signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. If accepted as a volunteer, I understand that I may be privy to confidential information and promise to respect and maintain that confidentiality and may be required to sign a Healing Hounds Confidentiality Agreement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Thank you for completing this application! We are excited to get to know you!**

What happens now? Someone from our organization will be in touch with you to discuss the next steps.

You may be asked to:

- Participate in an in-person interview.
- Go through a criminal background check. (Certain exceptions apply.)
- Attend a Volunteer Orientation.

Healing Hounds, Inc., P.O. Box 1201, Elizabeth, CO 80107, 720.245.3647  
healinghoundsinc@outlook.com www.healinghoundsinc.org

(4/23/2021) ***(Please complete both sides of this application and return to Healing Hounds by email or USPS)***