



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 highlight 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. 18550 Pleasant Park Road, Conifer, CO 80433

info@healinghoundsinc.org

www.healinghoundsinc.org

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