



VOLUNTEER APPLICATION

Our Pack volunteers must:

Be at least 18 years of age.

Commit at least 4 hours of service per month for 1 year.

YOUR NAME		EMAIL ADDRESS	
ADDRESS		CITY	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	AGE
EMPLOYER		CITY	EMPLOYER PHONE
EMERGENCY CONTACT INFORMATION			
NAME		PHONE	2ND PHONE
DO YOU HAVE ANY PHYSICAL, MEDICAL, OR PSYCHOLOGICAL LIMITATIONS THAT WOULD AFFECT YOUR VOLUNTEER DUTIES (SUCH AS HEART CONDITION, BACK INJURY, ALLEGIES, PREGNANCY)? YES (please explain) NO			
THE INFORMATION GATHERED AND ENTERED INTO OUR DATABASE IS FOR INTERNAL USE ONLY AND IS NEVER GIVEN OR SOLD TO ANY OUTSIDE COMPANY OR ORGANIZATION. IS IT ACCEPTABLE TO INCLUDE YOUR INFORMATION? YES NO			
WHY DO YOU WANT TO VOLUNTEER WITH OUR PACK, INC.? 			
HAVE YOU VOLUNTEERED WITH ANIMAL RESCUE GROUPS IN THE PAST? 			
PLEASE LIST ANY PREVIOUS VOLUNTEER OR WORK EXPERIENCE WITH DOGS (PARTICULARLY			

PIT BULLS).

PLEASE LIST ANY SPECIAL TRAINING, SKILLS, OR EXPERIENCE THAT WOULD BENEFIT OUR PACK.

DO YOU BELONG TO ANY OTHER ANIMAL ORGANIZATIONS? YES NO

MEDICAL AND/OR BEHAVIORAL ISSUES MIGHT NOT SHOW UP RIGHT AWAY IN ALL DOGS. IF SOMETHING SERIOUS MANIFESTS ITSELF AFTER AN EXTENDED PERIOD OF TIME IN A DOG WHAT IS AN ACCEPTABLE COURSE OF ACTION TO YOU?

HOW DO YOU FEEL ABOUT THE FOLLOWING? 1 – VERY OPPOSED TO; 5 VERY IN FAVOR OF (PLEASE EXPLAIN IF YOU WANT)

GUARD DOG TRAINING:	1	2	3	4	5
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THERAPY DOGS:	1	2	3	4	5
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DOG SHOWS:	1	2	3	4	5
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DOG SPORTS (AGILITY, FLYBALL, WEIGHT PULLING, ETC.):	1	2	3	4	5
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OUTSIDE DOG RUNS AND/OR TIE OUTS:	1	2	3	4	5
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CRATE TRAINING:	1	2	3	4	5
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BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE. I RECOGNIZE THAT ANY MISREPRESENTATION OF THE FACTS MAY RESULT IN LOSING MY PRIVILEGE TO WORK WITH OUR PACK, INC. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS ON THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION IS PROPERTY OF OUR PACK, INC.

SIGNATURE:	DATE:
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