



OKANDOGS - A 501(c)(3) Non-Profit Organization
EIN# 84-3829266 - UBI# 604500374
6820 Osprey Lane, Cashmere, WA 98815

VOLUNTEER APPLICATION

Orientation / training must be completed prior to volunteering.

Minimum age to volunteer is 16. Parent / Guardian approval is required if younger than 18.

PLEASE PRINT CLEARLY

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

OCCUPATION: _____ COMPANY/ SCHOOL: _____

PRIMARY PHONE: _____ WORK: _____ OTHER: _____

EMAIL: _____

Note: by providing your email address you agree to receive emails from Okandogs

IN CASE OF EMERGENCY PLEASE NOTIFY: _____

RELATIONSHIP: _____ PHONE: _____ OTHER: _____

Do you have any physical or medical limitations or disabilities we should know about in the event of an emergency, or that may affect dog handling? (i.e. heart condition, mental illness, learning disabilities, back injuries, epilepsy, allergies, etc.) If YES, please explain:

Do you have any concerns about volunteering with Okandogs? If YES, please explain:

Why do you want to volunteer with Okandogs?

To Help Homeless Animals

Placement with School, Vocational Counselor, Case Manager

Community Service Credit

Other: _____

How many hours per month are you wanting to volunteer?

Are there specific days / hours that you would prefer?

Please indicate your areas of interest in volunteering:

<input type="checkbox"/> Dog Transport	<input type="checkbox"/> Website Design / Maintenance	<input type="checkbox"/> Administrative
<input type="checkbox"/> Fostering	<input type="checkbox"/> Photography	<input type="checkbox"/> Social Media
<input type="checkbox"/> Cleaning / Laundry	<input type="checkbox"/> Videography	<input type="checkbox"/> Marketing/Comm Outreach
<input type="checkbox"/> Dog Walking / Socialization	<input type="checkbox"/> Fundraising/ Events	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Accounting / Bookkeeping	<input type="checkbox"/> Donation Box Monitor	<input type="checkbox"/> Other: _____

List your specific skills and talents that might be useful in your volunteer work: (*i.e. photography, computer, animal handling, etc.*) _____

Please list two references we may contact who know of your abilities and interests – they may be personal, professional, volunteer or school references:

NAME: _____ **PHONE:** _____ **EMAIL:** _____

This reference is:

Personal Business Professional Other (Specify): _____

Describe your relationship with this reference and duties you performed at organization, if applicable:

NAME: _____ **PHONE:** _____ **EMAIL:** _____

This reference is:

Personal Business Professional Other (Specify): _____

Describe your relationship with this reference and duties you performed at organization, if applicable:

I attest that the information provided on this application is valid and true.

Volunteer Printed Name

Volunteer Signature

Date

If Volunteer is under the age of 18 years, this Application and Waiver must be signed by the Parent/Guardian of the Volunteer, or the Volunteer shall not be accepted as a Volunteer for Okandogs.

Parent / Guardian Name

Parent / Guardian Signature

Parent / Guardian Primary Phone

Parent / Guardian Primary E-mail

Application Reviewed by Okandogs: _____ Date: _____