



ASSISTANCE DOGS OF HAWAII

Unleashing Abilities.

Volunteer Application

Name: _____ Date: _____
Home Phone: _____ Cell: _____
Address: _____
Email: _____ Fax: _____

Please return to our office via email, fax, or mail. Mahalo!

Part I

- 1.) Why would you like to volunteer for our organization?

- 2.) How did you learn about Assistance Dogs of Hawaii? Who referred you to our program?

- 3.) Please indicate the days and hours you are available for volunteer work. Please add any additional comments about your schedule.

- 4.) When can you begin volunteer work?

- 5.) Please check your age group: 11-17 18-30 31-50 51-65 65+

- 6.) Please indicate the type of volunteer work you are interested in:
 Puppy Raising(3-9months)
 Dog Sitting(short-term)
 Dog Grooming
 Cleaning/Maintenance
 Dog Walking/Playing
 Office Work
 Fund Raising
 PR/Marketing
 Social Therapy Visits to Hospitals/Nursing Homes
 Special Occasions/Graduations

7.) Please describe any experiences and/or skills you have relating to the areas you checked above.

8.) Have you volunteered or worked for a non-profit before? If so, please list name of organization.

9.) How will your work with our organization be of benefit to our agency?

10.) Do you work best when you...

initiate and follow through by yourself (after sufficient training), or

receive ongoing direction.

11.) If you are employed, please list your employer's name and phone number:

Name: _____ Phone: _____

12.) If you are a student, are you seeking to volunteer as part of a school program or internship experience? If so, please provide the following information.

Name of School: _____

Program Coordinator: _____ PH: _____

Program Coordinator Email: _____

Dates: _____ Hours Needed: _____ Credit No Credit

PART II Please list two personal references:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Part III Additional Comments

Part IV Volunteer Applicant Agreement

- I declare that the above information is accurate.
- I will not hold ADH liable for any injuries sustained while working for them.
- I understand that if I am injured while acting as an unpaid member of the volunteer staff I am not covered by Worker's Compensation Law.

Signature

Date