

Volunteer Application

Patriot Assistance Dogs

Name: _____ Date: _____

Date of Birth: _____

Address: _____ Apt/Suite: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Email: _____

How did you hear about PAD: _____

Please check all areas of interest:

_____ Dog grooming

_____ Photography

_____ Dog walking

_____ Fundraisers/Grant Writing

_____ Dog training

_____ Event volunteer

_____ Taking dogs through classes

_____ Journalism

_____ Fostering

_____ Office work

_____ Short-term

_____ Long-term

_____ Weekends

_____ Relief

_____ Other _____

For Office Use Only Date Received: _____ By: _____

Approved: _____ Declined: _____ Signature: _____

Notes: _____