

## **Volunteer Application**

## **General Information**

Legal Name:		D.O.B:	
Address:	City:	State:	Zip:
Phone:	Email:		
Emergency Contact			
Emergency Contact:	Relationship:		
Phone:	Email:		
<u>Education</u>			
School:	City:		State:
From: To:	Did you graduate? Yes No Diplon	na/Major:	
Employment			
Company:	Phone: _		
Job Title:	Address:		
Date Started:	Date Ended:		
Responsibilities:			
If less than 1 year at above comp	pany, please add another record bel	ow for job history.	If over 1 year skip
Company:	Phone:		
Job Title:	Address:		
Date Started:	Date Ended:		
Responsibilities:			
Supervisor's Name:			

Approved by LR 1/25/24.



## **Military Service**

Branch:		From:	To:
Rank at Discharge:	Тур	e of Discharge:	
If other than honorable, explain:			
<u>Volunteer Information</u>			
Please describe any volunteer, internship, pass to your interest in volunteering at PK9s.	sion, or work ex	perience you have	e had that might relate
Do you have proficiency in an area that may b currently at work, home, or with hobbies? Do detail?		•	•
Are you presently attending school? Yes Will you receive academic credit for you volun	No nteer work? Yes	No	
Do you need your community service hours re	ported? Yes	No	
Are you a member of the United Way RSVP Pr	ogram? Yes	No	
Are there any tasks or work that you would N	OT be able to pe	erform as a volunt	eer at PK9s? Yes No
If yes, please specify:			_
Have you ever been convicted of a felony?	es No		
If yes, please specify:			

Approved by LR 1/25/24.



How did you learn about the volunteer program at PK9s?				
<u>Availability</u>				
$\textbf{Weekdays} : \ \Box \ \textbf{Monday} \ \Box \ \textbf{Tuesday} \ \Box \ \textbf{Wednesday} \ \Box \ \textbf{Thursday} \ \Box \ \textbf{Friday} \ \Box \ \textbf{Weekends for special events}$				
What time of day is best? ☐ Morning ☐ Afternoons ☐ Evenings (Occasional)				
<b>How often would you like to volunteer with PK9s?</b> □ Daily □ Weekly □ Special Events □ Whenever Needed				
How many hours per week would you like to volunteer with PK9s?				
Programs: Please select the areas of most interest to you				
Office Assistance: ☐ Clerical/Filing ☐ Reception ☐ Data Entry				
Facility Assistance: ☐ Supply Check-in ☐ Inventory Management ☐ Cleaning				
Marketing: ☐Web/Social ☐Mailings ☐Research ☐Photography				
<b>Events:</b> □ Customer Service □ Planning/ Coordination □ Promotion □ Event Staff				
I understand and acknowledge that either party may terminate this volunteer relationship at any time and that submitting this application does not imply a guarantee to volunteer. Upon acceptance as a volunteer, I agree to serve under the leadership, guidance, and procedures of Patriot K9s of Wisconsin for the duration of my volunteer service.				
I certify that my answers are true and complete to the best of my knowledge. By signing below, you agree to the above and allow PK9s to do a criminal background check.				
Printed Name: Date:				
Signature:				