



VOLUNTEER APPLICATION FORM

Ari's Place is a project of Ari Had A Dream, Inc., (AHAD). AHAD is a ground-breaking, non-profit animal welfare organization (Federal Tax ID # 47-5461735). We believe it is our moral obligation to protect and improve the lives of dogs through our programs; to educate the public about responsible pet ownership; and to work with other rescues and shelters to attain a no-kill society. We are a volunteer organization and are completely dependent on the dedication of our volunteers to be a successful and sustainable animal welfare and group. Welcome to our organization!

General Information

Name: _____ Date: _____

Street Address: _____ Driver's License _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Availability:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

I want to volunteer because _____

Personal Information

Your Past Experiences: I have had pets in the past _____

Specify species, breeds and ages:

I have had previous *rescue* experience.

When: _____

Where? _____

I have had previous *volunteer* experience.

When: _____

Where? _____

I have had experience as a *groomer* _____

I have had experience as a *photographer* _____

I have had experience as a *dog trainer* _____

I have had *medical training* _____

I have had *veterinary medical training* _____

Present: I presently have pets _____

List species, breed and age: _____

I have a vehicle which I am willing to drive, as needed, for my volunteer work.

I belong to other organizations (religious, sports, social etc.) (optional) _____

Please list organizations _____

Medical History:

I have, or someone in my household has, allergies, or a medical condition of which we should be aware in the event of a medical emergency.

Specify _____

Medications _____

Emergency Contact: _____ **Phone** _____

**You are strongly urged to have a current tetanus vaccination to protect yourself should you be cut, scratched or otherwise injured in such a way that tetanus infection could threaten your health. Please speak to your health care provider.*

Date of last tetanus vaccination _____

Areas of Interest:

Please check all areas of interest. Some areas may require special training by AHAD.

___ Special Events

___ Direct Animal Care

___ Office

___ At Home Work

___ Social Media: ___ Facebook

___ Twitter

___ Instagram

___ Committee Member: ___ Advertising / Public Relations / You Tube Videos

___ Graphic Design / Social Media

___ Distribution of Promotional Material

___ Fundraising

___ Supplies & Equipment Donations

___ Special Projects

I hereby certify that all statements made on this application are true to the best of my knowledge.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____