



Mission Working Dogs

49 Ash Street, #1343, Lewiston, ME 04243
MissionWorkingDogs@gmail.com



Volunteer Application

Thank you for your interest in volunteering for Mission Working Dogs! We have many different opportunities, and many require actually handling the dogs we are training. For this reason, we ask for personal information to perform background checks and to ensure the safety of you, our dogs, and others at our events. We welcome any questions you may have.

Type of volunteer work interested in:

- Full-time puppy raiser
- Weekend puppy raiser
- Event Support
- Volunteer handler for training classes
- Volunteer assistant trainer/distractor for classes
- Other: _____

Applicant Full Legal Name: _____

Mailing Address: _____

Physical Address (If different): _____

Phone Number: _____ Alt Phone: _____

Email Address: _____

Date of Birth (MM-DD-YYYY): _____ Height: _____ Weight: _____

Social Security Number for background check: _____ Gender: _____

Have you ever been convicted of a felony or misdemeanor: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Personal Reference #1 Name: _____

Relationship: _____ Phone Number: _____

Email: _____

Personal Reference #2 Name: _____

Relationship: _____ Phone Number: _____

Initial: _____



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Email: _____

Personal Reference #3 Name: _____

Relationship: _____ Phone Number: _____

Email: _____

Employment status (part, full, retired, unemployed): _____

Occupation: _____ Years experience: _____

Do you volunteer currently: Yes NO If yes, where: _____

Description of volunteer work: _____

Are you a student: Yes No If yes, where: _____

Highest level of education achieved: _____

How's your upper body and core strength: _____

Is one hand/arm stronger than the other: _____

How did you hear about us: _____

What made you decide to apply to Mission Working Dogs: _____

Please list any pets in the household: _____

If you have other pets, please provide your veterinarian's contact information: _____

Have you had a pet dog before: Yes No

Have you ever given away, surrendered, or sold a pet: Yes No

Have you ever attended dog training classes: Yes No

Do you have any experience training dogs: Yes No

Initial: _____



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Consent to Contact

I, _____, give consent for staff from Mission Working Dogs to contact my veterinarian and references with regard to ability to care for a dog and any other necessary questions for the purpose of assessing my qualifications to help train a dog. Mission Working Dogs may also conduct a criminal background check at any time before or during my volunteer experience.

I certify that, to the best of my knowledge, the information provided in this application represents my needs and present situation. I understand that failure to provide complete, accurate, and honest information will permanently disqualify me from being eligible to work with Mission Working Dogs.

Signed: _____ Date: _____

Media Consent

The undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes, and/or film in which the Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, the digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature Participant's Printed Name Date

For Participants Under the Age of 18 or Legally Incapacitated

The Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, legal guardian, or legal representative of a minor or legally incapacitated adult, you understand that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that they may otherwise have. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor or legally incapacitated adult Participant and that I have the authority or sign on the Participant's behalf.

Minor's DOB Parent/Legal Guardian Signature Printed Name Relationship Date

Initial: _____