



# Mission Working Dogs

152 Moxie's Place, Oxford ME 04270

info@missionworkingdogs.org



## 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: \_\_\_\_\_