



## VOLUNTEER APPLICATION

Thank you for being interested in our program.

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Daytime Phone Number: (    ) \_\_\_\_\_ (    ) work (    ) home  
Evening Phone Number: (    ) \_\_\_\_\_ (    ) work (    ) home  
Other (fax, pager, etc.): (    ) \_\_\_\_\_  
Email: \_\_\_\_\_

What are your primary reasons for wanting to volunteer for Assistance Dog Network?

\_\_\_\_\_

What areas are you interested in volunteering in:

- \_\_\_\_\_ Assist in fund-raising
- \_\_\_\_\_ Help with clerical tasks at the training center
- \_\_\_\_\_ Help with mailings
- \_\_\_\_\_ Help with Demos
- \_\_\_\_\_ Help staff informational booths at events
- \_\_\_\_\_ Occasionally foster a dog when its regular trainer is out of town
- \_\_\_\_\_ Other: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Once again, thank you for your interest in volunteering for  
Assistance Dog Network.**

**Please send completed application to:**

**Assistance Dog Network  
54514 Rosa Road  
Bandon, Oregon 97411  
541-347-5414**