



Dreamer's Foundation Volunteer Application

The Dreamer's Foundation does not have paid employees. Our organization is run entirely by volunteers, and your assistance is greatly appreciated.

Please note: ALL volunteers must be 16 years of age or older.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Daytime Phone: () _____ Evening Phone: () _____

I am interested in volunteering with the Dreamer's Foundation. I can give _____ hours of time per week.

I am available: Monday: AM / PM Tuesday: AM / PM Wednesday: AM / PM
Thursday: AM / PM Friday: AM / PM Saturday/Sunday: AM / PM

How would you like to participate in our program? _____

In what areas would you like to volunteer? _____

Please initial the areas you would like to help out in.

Pet Transport - Giving safe and reliable transportation for animals to and from our adoption events. You will be working with another volunteer. Initial: _____

Adoption & Fundraising Events - These events allow us to showcase our nonprofit group and showcase any adoptable animals we may have. You would stay with us and help handle any issues that may arise, i.e. a dog that needs to be walked, an emergency clean-up, direct people to the correct volunteer, explain the mission of our nonprofit. Initial: _____

Event Planning and Assistance - Are you great at coming up with and organizing money-making opportunities? Do you enjoy being a part of an event? We are constantly on the search for new ideas. This is a great chance to showcase your ability. Initial: _____

Please tell us about your animal experience.

I have experience with: Dogs: _____ Cats: _____ Other: _____

Dog Aggression _____ Cat Aggression _____ Separation Anxiety _____

Housetraining _____ Inappropriate Chewing _____ Hyperactivity _____

Pulling on Leash _____ Escaping Fenced Areas _____ Other, Please Explain: _____

Resource Guarding _____ Inappropriate Jumping _____

Excessive Barking _____ Crate Training _____

Please tell us about any pets you have:

Name: _____ Age: _____ Breed: _____

Spayed/Neutered: _____ Still Own: _____

Name: _____ Age: _____ Breed: _____

Spayed/Neutered: _____ Still Own: _____

Please tell us about any experience, skills, or any other information that was not covered on this form that you think would be useful to the Dreamer's Foundation. _____

Please tell us about any computer skills (i.e. Word, Excel, Powerpoint) that you think would be useful to the Dreamer's Foundation. _____

Please list two (2) personal references (NOT related to you) that you have known for at least two (2) years.

Reference 1

Name: _____ Daytime Phone: () _____

Email: _____

Reference 2

Name: _____ Daytime Phone: () _____

Email: _____

Are you willing to allow a representative of the Dreamer's Foundation to interview you for consideration of volunteering with our program? Yes / No

I, _____, agree that this application is only a consideration for volunteering and that the Dreamer's Foundation reserves the right to refuse any applicant at any time for any reason. I certify that by submitting this application, any and all information provided is true and correct and that I am at least 16 years of age.

Applicant

Date

Dreamer's Foundation Representative

Date