***AHR Volunteer Application***

* I confirm that I am 18 years or older. \*

Yes

No

* Name

FirstLast

* Gender \*

Male

Female

* Address \*

Street AddressAddress Line 2CityState / Province / RegionPostal / Zip CodeCountry

* Home Phone \*

###-###-####

* Cell Phone \*

###-###-####

* Email \*



* How did you hear about AHR? \*



* Why do you wish to volunteer at AHR? \*



* What time commitment (how long/often) do you plan on volunteering at AHR? \*



* Have you or do you currently volunteer your time or services with other rescue organizations? \*

Yes

No

* If YES, please list the organizations.



* Are your volunteer hours required for a class/community service credit? \*

Yes

No

* If YES, please provide details of your requirements.



* Do you currently own a Dog or have you ever owned a Dog? \*

Yes

No

* Please provide details of your experience of owning or caring for dogs. \*



* List previous experience (volunteer, paid or educational) that would be helpful in working with dogs and/or people. List the organization, volunteer activities and dates.



* What is your current occupation? \*



* Current Employer? \*



* Have you ever volunteered for AHR before? \*

Yes

No

* If YES, complete the following: When did you volunteer? How long did you volunteer?



* AHR is not only a rescue, but volunteering also involves contact with other volunteers and sometimes with the public. How do you feel about working alongside other volunteers and/or interacting with the public? What prior experience do you have in these areas? \*



* AHR does have organizational structure and there is a leadership team. How do you feel about taking direction from others and working collaboratively with other volunteers and staff? \*



* Do you have any special skills, interests or hobbies? (Please be specific, i.e. photographer, videographer, PR contacts, graphic design, fundraising experience, etc.)\*



* Reference Name \*

FirstLast

* Reference Phone \*

###-###-####

* Reference Email \*



* Reference Relationship to you \*



* Emergency Contact \*

FirstLast

* Emergency Contact Phone Number \*

###-###-####

* Emergency Contact Relationship to you \*



* Please indicate what days of the weekend and hours you are available for volunteer work
(The kennel is closed to volunteers Monday – Friday).\*



* Please select area(s) of volunteer interest. (descriptions of duties in volunteer manual) \*

Dog Walker (requires minimum hours)

Kennel Support

Fundraising / Events

Any or all of the above!

Other