



# CAROLINA CANINES FOR SERVICE, INC.

A non-profit corporation providing specially trained dogs for people with disabilities

## Volunteer Application

Volunteer activity you are interested in:

( ) Carolina Canines for Therapy ( ) Fundraising Activities ( ) Event Assistance

## Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number or Government ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Significant Others Name: \_\_\_\_\_

Do you share your home with companion animals? If so, please give species and names.

\_\_\_\_\_  
\_\_\_\_\_

## Employer

Company & Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_



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## Previous Volunteer Experience

Please describe your previous volunteer experience:

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How did you hear about Carolina Canines for Service?

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Why are you interested in volunteering with Carolina Canines for Service?

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What is your availability (please specify day of week and times)?

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How many hours per week can you volunteer?

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Please provide one (1) professional and two (2) personal references (include name, address, telephone and relationship):

Name

Address

Telephone

Relationship

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## Criminal Background Check

Due to the sensitive nature of the service we provide and the vulnerability of our children in our community, Carolina Canines for Service, Inc. is requesting permission to conduct a Criminal Background Check for our Volunteers. Be assured, that all information will remain confidential and is for the sole purpose of protecting our organization and volunteers from any possible consequences of the law.

I, \_\_\_\_\_, give my permission to Carolina Canines for Service to initiate a Criminal Background Check on my past and present activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

Animal Assisted Therapy:

Pet Partner (Name of animal): \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

Delta Society ID: \_\_\_\_\_

Expiration Date: \_\_\_\_\_