

Canine CellMates Volunteer Info Sheet

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments? How many hours are you available to volunteer in a typical week? _____

- | | |
|--------------------|--------------------|
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- Training – Certified Trainer
- Training – Assistant to Certified Trainer
- Event Planning
- Marketing
- Fundraising/Corporate Sponsorships
- PR/Media
- Inmate Aftercare
- Foster of dogs
- Program Coordinator
- Canine Transport
- Adoptions
- Volunteer Coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Thank you for completing this application form and for your interest in volunteering with us.