



# Volunteer et support member Application

*We love welcoming new people and dogs to our high-energy team of volunteers.*

You must be over 16 to apply.

## Contact Information

*(Applications with incomplete information will not be accepted)*

Applying to volunteer at  
(event name and location)

Event name: \_\_\_\_\_ Location: \_\_\_\_\_ Volunteer number: \_\_\_\_\_

Gender: Man: \_\_\_\_\_ Woman: \_\_\_\_\_ Birth date: \_\_\_\_\_

First name: \_\_\_\_\_ Mid: \_\_\_\_\_ Last: \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your website URL: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Best time to contact you: A.M. \_\_\_ P.M. \_\_\_ EV: \_\_\_

List all AMERICANIDOGS Training or other dog events, which you have attended as a participant?

List all AMERICANIDOGS Training or other dog events, which you have attended as a volunteer?

### Volunteer History & Special Skills

Please tell us about your background in your past and current volunteering, community involvement initiatives, and donated services.

Please list witch of your formation can be beneful for our organization like; sales, communication, camera, carpentry, M.C, Disk jockey, creation etc..:

Which of our activity (ies) would you like to apply for :

Dog entertaining show Staff: \_\_\_ Elite club: \_\_\_ Show demo: \_\_\_ Therapy dog activities: \_\_\_ Recruitment: \_\_\_ Casting: \_\_\_ Technician ( camera \_\_, audio \_\_, transport \_\_,) boutique \_\_\_ Training \_\_\_

If you intend to participate with your dog in your Volunteer activies, Please give a short description of his abilities:

**PHYSICAL**

If you require a new AMERICANIDOGS volunteer shirts, please indicate your size preference: Small:  Medium:  Large:  EX-large:  XX-large:

Are you fluent in any languages other than English? NO:  YES:   
If yes please specify: \_\_\_\_\_

Do you have a background in dog training?, NO:  YES:  if yes please specify: \_\_\_\_\_

Do you have First Aid training? NO: \_\_\_\_\_ YES: \_\_\_\_\_

If yes, do you have a current, valid certificate?  
Please indicate: \_\_\_\_\_ Expiry Date? \_\_\_\_\_

Do you or your dog, have any physical conditions that could affect your ability to assist to any of our activities? i.e. Heart problems, limping, arthritis, asthma, hips dysplasia etc...

NO:  YES:  If yes please specify \_\_\_\_\_

**SECURITY INFORMATION RELEASE:**

Do you have a valid drivers License: NO: \_\_\_\_\_ YES: \_\_\_\_\_

Are you legally an adult in the state/province where the event will be held? YES:  NO:

I: \_\_\_\_\_ hereby give Dogstory Network co and AMERICANIDOGS.COM *permission to perform a basic background check on me, based on the information I have provided.*

Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

I would like to receive your newsletter  Yes

Administration only: application number:  
V \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Standby: \_\_\_\_\_ by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Contacted: Yes \_\_\_ No \_\_\_ Comments: \_\_\_\_\_

Please fill out the questionnaire **completely** and send back to us  
[Print](#) this form before submitting it.  
and/or send it by mail to:

Dogstory Network co  
(Att: Volunteer club program)  
3300 North State Road 7 Unit A-84.  
Hollywood, FL 33021  
Or by fax at: 954-322-8764