



PRISON PET PARTNERSHIP

Prison Pet Partnership

Volunteer Application

Please complete all sections, using additional sheets if necessary.

Please fill this out to the best of your ability and do not be concerned if you are unsure of how to answer a question, we just want a little background information!

Date: _____

Name: _____ DOB: _____

Address: _____

Phone: (h) _____ (c) _____ (w) _____

Email: _____

Emergency Contact Information:

(name) _____ (number) _____

(relationship) _____ (alternate number) _____

Employer: _____ Job Title: _____

Would you be able to take a dog to work with you after you are trained to the appropriate level (not required for volunteering): **YES** **NO**

Please list genders and ages of other members of your household:

Please describe any animals currently living with you. Include breed, age, gender:

Please describe your past experience living/working with animals (esp. dogs):

Please describe your training experience and philosophy (do you train more like Cesar Millan or Victoria Stilwell? DO NOT WORRY IF YOU HAVE NO IDEA WHAT THIS MEANS)

What hours/days are you most available to volunteer?:

Can you commit to at least six hours per month (overnights count): **YES NO**

Transportation:

Do you have your own transportation? **YES NO**

Do you have auto insurance? **YES NO**

Auto make: _____ model: _____ year: _____

Please attach proof of liability insurance

How did you hear about the Prison Pet Partnership?:

What specifically interests you about our program?:

Describe your philosophy regarding the human-animal relationship:

What are your feelings about working with female offenders?

What talents/areas of expertise will you bring to the PPP? (think outside the box!):

In which of the following areas would you **be most interested in volunteering?**

Please rate your interest on a scale of 0-4, 0 being no interest, and 4 being high interest.

Community socialization of program dogs	0	1	2	3	4
Temporary fostering of program dogs	0	1	2	3	4
Working with service dog applicants/teams	0	1	2	3	4
Transportation of dogs on a regular basis	0	1	2	3	4
Office work (phone calls, special projects etc.)	0	1	2	3	4
Guest speaker/resource for classes	0	1	2	3	4
Area(s) of knowledge:					

I can only volunteer for a limited time (ie: school year etc.) **YES**

NO

Please describe any previous volunteer (or other related) experience in the space below:

In reference to your above mentioned volunteer work, what did you enjoy the most in your volunteer experiences? What did you enjoy the least?

(most) _____

(least) _____

Please list two references who can provide PPP with additional information on your involvement in community activities: (PPP needs volunteers with a wide variety of experience – **do not hesitate to apply if you do not have experience!**)

1.(name) _____ (title) _____

(work number) _____ (organization) _____

2.(name) _____ (title) _____

(work number) _____ (organization) _____

To the best of my knowledge, the above information is true and accurate. I agree to adhere to all of the requirements of the Prison Pet Partnership and to be responsible for the care, safety, feeding and training of any dogs entrusted to me during my volunteer experience.

(Signature) _____

(Printed Name) _____

(Signature Date) _____

For applicants under 18:

(Parent or Guardian's Signature) _____

(Parent or Guardian's Printed Name) _____

(Signature Date) _____

Thank you for your interest in volunteering with the Prison Pet Partnership. You will be notified of your application's status and upcoming orientation/training activities.

Please return your application to:

9601 Bujacich Road NW

Gig Harbor, WA 98332