

Prison Pet Partnership Program



9601 Bujacich Road ! Gig Harbor ! WA ! 98335-0017 (253)
858-4240

Volunteer Application

Date: _____

Please complete all sections, using additional sheets if necessary

Name: _____ DOB: _____
first middle (full) last

Address: _____
street city state zip

Phone: _____
home work email

SSN: _____ - _____ - _____ Driver's License Number: _____

Employer: _____ Position: _____

Emergency Contact:

_____ name home phone work phone

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* (if applicable): _____

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

Can you commit to at least six hours per month? _____ (overnights count)

Would you be able to take program dogs to your home on occasion? (not required for volunteering): _____

Do you have your own transportation? _____ Do you have auto insurance? _____

Auto make: _____ model: _____ year: _____

Please attach proof of liability insurance

How did you hear about the Prison Pet Partnership Program?: _____

What specifically interests you about our program?: _____

Describe your philosophy regarding the human-animal relationship: _____

What are your feelings about working with female offenders? _____

In what type(s) of roles do you envision yourself as a volunteer with the PPPP? _____

Describe any specific goals you have in working with a service dog training program: _____

What talents/areas of expertise will you bring to the PPPP?: _____

In which of the following areas would you be interested in volunteering? Please rate your interest on a scale of 0-4, with 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 (newsletter, mailings, etc.)	0	1	2	3	4
Guest speaker/resource for classes area(s) of knowledge: _____	0	1	2	3	4

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

Dates	Organization	Position/Responsibilities	Hours/Month

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

Please list three references who can provide PPPP with additional information on your involvement in community activities:

1.

name	title	work phone
organization		home phone (if applicable)

2.

name	title	work phone
organization		home phone (if applicable)

3.

name	title	work phone
organization		home phone (if applicable)

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 Program and to be responsible for the care, safety, feeding and training of any dogs entrusted to me during my volunteer experience.

Signature	Date
Parent or Guardian's Signature (for applicants under 18)	Date

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