

**COLORADO SERVICE DOGS, INC.**  
**Volunteer Application**

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

Home Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

**EMPLOYMENT**

Provide information on your current employer, if applicable in the space below:

Position/Title: \_\_\_\_\_

Dates of Most Recent Employment (starting/ending): \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service and achievement?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**SCHOOLING**

Provide information on your current schooling, if applicable, in the space below:  
Current grade/level. If in college or other institution please provide major, course(s) of study:

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**OTHER AREAS OF INTEREST**

Special training, skills, hobbies and interests:

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Groups, clubs, organizational memberships:

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Please describe your prior volunteer experience (include organization name and information):

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What experiences have you had that may prepare you to work as a volunteer in the field of service dog training/disability service:

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Why do you want to volunteer at Colorado Service Dogs, Inc.:

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Are you interested in becoming a Foster Home? YES - NO

Temporary Foster Home? YES - NO

Are you a member of, or do you support financially, any animal rights organizations (example PETA) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain in detail the level of your involvement:

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Have you ever been convicted of a crime?

(If yes, please explain the nature of the crime and the date of the conviction)

Conviction of a crime is not an automatic disqualification for volunteer work.

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Do you have a driver's license:

\_\_\_\_\_ Yes \_\_\_\_\_ No, State: \_\_\_\_\_ No: \_\_\_\_\_

Car insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Health insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Colorado Service Dogs, Inc. that is true, correct and complete to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position.

I understand that information contained on my application will be verified by Colorado Service Dogs, Inc.

I understand that misrepresentation or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Colorado Service Dogs, Inc. or my termination as a volunteer.

I give my permission for Colorado Service Dogs, Inc. to contact my reference(s).

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

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

If under 18 years of age, signature of parent/legal custodian is also required

When you are finished filling out this form, Please mail it to:

**Colorado Service Dogs, Inc.**  
3034 Quarterland Street  
Strasburg, Colorado 80136-7422

or you can fax it to *(please call first)*:  
303-622-9382 or email: [info@coservicedogs.com](mailto:info@coservicedogs.com)



**PERMISSION SLIP FOR MINOR VOLUNTEER  
PARTICIPATION IN COLORADO SERVICE DOGS, INC.**

I (Parent/Guardian Name): \_\_\_\_\_ give my permission for my  
minor child (Name): \_\_\_\_\_ to participate in the volunteer programs of Colorado Service Dogs.

I understand that all precautions will be taken to ensure no harm or injury comes to the child by the organization staff. I understand you will make every reasonable attempt to contact me should my child be injured. I understand my child will not be placed in a position of harm.

I give my permission for the Chief Executive Officer (Lija Day) or the Director of Training (Sharon Davis) to transport my child besides being transported by myself (Parent/Guardian) and have my child treated if required.

My child's physician is: \_\_\_\_\_

The address is: \_\_\_\_\_

The phone number is: \_\_\_\_\_

My emergency contacts are:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My child is allergic to the following medications and or substances:

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

Physical or emotional limitations which may affect program participation:

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

Parent or Guardian does hereby covenant and agree to release and hold harmless Colorado Service Dogs, Inc. from and against any and all liability, loss, damages, claims, or actions for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in any of Colorado Service Dogs, Inc.'s volunteer programs.

\_\_\_\_\_  
Parent/Guardian Date: \_\_\_\_\_