



DOGS WITH WINGS
ASSISTANCE DOG SOCIETY

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Thank you for your interest in becoming a volunteer with Dogs with Wings! This application gathers information we need for a number of different volunteer assignments so **not all sections will be appropriate** for your interest. Complete the first section and then go to the program area you are interested in. We are interested in knowing as much about you as we can to be sure you get involved in the right area. Use extra space for your answers should you need to.

VOLUNTEER APPLICATION

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL: _____

OCCUPATION (S): _____

USUAL HOURS OF WORK: _____

ARE YOU OVER THE AGE OF 18? _____

HOW DID YOU HEAR OF US? _____

HOBBIES/SPECIAL SKILLS/INTERESTS (eg: computer skill, handyman, animal health...): _____

DO YOU HAVE YOUR OWN VEHICLE? (Required for foster programs and training assistants.) _____

MEDICAL/HEALTH CONDITIONS: _____

WHAT LED YOU TO APPLY TO DWW AS A VOLUNTEER? _____

WHY ARE YOU A GOOD CANDIDATE TO VOLUNTEER FOR DWW? _____

WHICH VOLUNTEER PROGRAM ARE YOU INTERESTED IN? (See description of each program on our website. You may select more than one.)

Traditional Puppy Raiser

Adult Raiser (Only offered in Edmonton)

Boarding Home

Kennel Assistant (Only offered in Edmonton)

Training Assistant (Only offered in Edmonton)

Special Events / Fundraisers (Only offered in Edmonton)

Presentations (Only offered in Edmonton)

Other (eg: office work, etc): _____

FOSTER PROGRAM QUESTIONS

ARE YOU WILLING TO HAVE A DOG LIVE IN THE HOUSE AS A MEMBER OF YOUR FAMILY? YES NO

PROPERTY: Owned Rented (If rented, written landlord approval required.)

NUMBER OF ADULTS AT HOME: _____

NUMBER OF CHILDREN AT HOME: _____

AGES OF CHILDREN: _____

IS YOUR YARD FENCED AND SECURE? YES NO

IS THERE ANY AREAS OF YOUR HOME THAT WOULD BE OUT OF BOUNDS? YES NO

DETAILS: _____

(Note: dogs are required to sleep in your bedroom)

DO YOU AGREE NOT TO LEAVE THE DOG ALONE AT ANYTIME? YES NO

COMMENT: _____

IS ONE ADULT AT HOME DURING THE DAY? YES NO

DETAILS: _____

HAVE YOU HAD ANY EXPERIENCE WITH DOGS OR TRAINING? YES NO

DETAILS: _____

KENNEL ASSISTANT OR TRAINING ASSISTANT

WHAT IS YOUR AVAILABILITY? (Days of the week, hours available. We are only open Mon-Fri 9am-5pm.)

HOW LONG ARE YOU ABLE TO COMMIT FOR? (Minimum of 6 months required.)

BOARDING HOME

WHEN ARE YOU AVAILABLE TO BOARD? (WEEKDAYS OR WEEKENDS)

WHAT AGE OF DOG ARE YOU WILLING TO TAKE? (PUPPY OR ADULT)

WOULD YOU BE INTERESTED IN LONG TERM BOARDING? (1 week - 1 month)

PLEASE INDICATE SPECIFIC TIMES OR DAYS THAT YOU ARE NOT AVAILABLE FOR BOARDING:

TRADITIONNAL PUPPY RAISER, ADULT RAISING PROGRAM AND BOARDING HOME

DO YOU HAVE ANY PETS AT THE MOMENT?: YES NO IF YES:

1. HOW MANY? _____

2. WHAT ARE THEY? _____

3. HOW OLD ARE THEY? _____

4. ARE THEIR VACCINATIONS UP TO DATE? _____

5. DO YOU CURRENTLY FOSTER FOR ANOTHER GROUP? _____

TRADITIONNAL PUPPY RAISER, ADULT RAISING PROGRAM AND BOARDING HOME

WHEN WOULD YOU BE ABLE TO TAKE A DOG? (IF ACCEPTED)

ARE YOU PREPARED TO COME TO THE OFFICE & OTHER AREAS OF EDMONTON FOR TRAINING LESSONS AND OTHER EVENTS? (Edmonton programs only.)

YES NO

DO YOU HAVE A PREFERENCE FOR THE COLOUR OR SEX OF THE DOG? YES NO

DETAILS: _____

ARE YOU PREPARED TO TRANSPORT THE DOG TO & FROM THE OFFICE MON-FRI? YES NO

(This question does NOT apply for the Traditional Puppy Raiser Program. Transport is mandatory for adult raising. Program office is located at 11343 174 Street NW.)

DETAILS: _____

IS THERE ANTYTHING ELSE YOU WOULD LIKE US TO KNOW, OR COMMENTS YOU WOULD LIKE TO MAKE?

Personal Reference:

Name: _____

Relationship: _____

Phone: _____

E-Mail: _____

Years Know: _____

Professional Reference:

Name: _____

Occupation or company:

Relationship: _____

Phone: _____

E-Mail: _____

Years know: _____

Please, if you can't provide professional references explain why:
