

Do you own your own vehicle? (Required for Adult Raising Program)

Yes

No

Any Medical/ Health Conditions:

What led you to apply to DWW as a Volunteer?

Why are you a good candidate to Volunteer for DWW?

Weekly Schedule: Help us to understand what a typical week and weekend looks like for you; including routines, activities, and public outings.

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Are you willing to have our dog in your home as a member of your family?

Yes

No

Is your home owned or rented? (If rented, written landlord approval is required)

Own

Rent

Number of adults living at home:

Number of children living at home:

Ages of children:

Is your yard fenced and secure?

Yes

No

Are there any areas of your home that would be out of bounds for our dog? (Please note our dogs are required to sleep in your bedroom.)

Do you agree to not leave the dog alone for an extended period greater than 4 hours?

Yes

No

If No, please explain:

Will there be at least one adult at home during the day?

Yes

No

Have you had any experience with dogs or training?

Do you currently have any pets at home?

Yes

No

If yes: How many?

What are they?

What are their
ages?

Are their vaccinations up to date?

Yes

No

Do you currently volunteer for any other organization(s)?

Personal Reference:

Name:

Relationship:

Phone:

Email:

Years known:

Professional Reference:

Name:

Occupation/
Company:

Relationship:

Phone:

Email:

Years known:

If you are unable to provide a Professional Reference, please explain why:

Do you agree to abide by the training program, health instructions, and rules/
guidelines given to you by Dogs with Wings Instructors, Trainers, and Staff?

Yes

No

Comments or Questions: