



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Have you volunteered before:	
What Organization(s)?	
How did you hear about RDRP?	
Do you own a greyhound?	
If yes, how long?	
Name of Greyhound(s)	

Volunteers must be at least 12 years of age. Please list Age (if under 18) and submit ID.

Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	<input type="checkbox"/> Phone bank/calls	<input type="checkbox"/> Transporting Dogs
<input type="checkbox"/> Events	<input type="checkbox"/> Newsletter Production	<input type="checkbox"/> Fundraising



<input type="checkbox"/> Education/Outreach	<input type="checkbox"/> Communications/PR	<input type="checkbox"/> Meet & Greets
<input type="checkbox"/> Webmaster	<input type="checkbox"/> IT Support	<input type="checkbox"/> Committee Leadership

Adoption Center Task

Kennel

<input type="checkbox"/> Exercise Dogs	<input type="checkbox"/> Clean Cages	<input type="checkbox"/> Feed and Water
<input type="checkbox"/> Bathe	<input type="checkbox"/> Trim Nails	<input type="checkbox"/> Meet & Greets

Grounds

<input type="checkbox"/> Mowing	<input type="checkbox"/> Tree Trimming	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Woodwork	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	



Work Phone	
E-Mail Address	
Allergies or Conditions we should be aware of:	
Limitations:	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.