



LEARNING AND WELLNESS CENTER

707-861-0235
www.4Pawscenter.org

Volunteer Application: _____

Preferred Contact: Home Phone Work Cell Email

Phone: _____ Email _____

Other phone(s): _____

Address _____

City, ZIP _____

Dear Prospective Volunteer: Please help us get to know you by completing this form. If you have any questions, please call us at 707-861-0235. We look forward to meeting you very soon.

How did you learn about 4Paws? Internet Friends/Colleague Event/Other: _____

Is there someone we can thank for referring you? _____

What programs are you interested in? Social Therapy (Healthcare Venue) Readers of the Pack™ (Schools/Libraries)

Pet Nutrition Exercising With Your Pet Supportive Therapies (Acupuncture, Massage, Hydro-therapy, etc)

Dog Behavior Positive Reinforcement Training

What previous volunteer experience have you had? _____

_____ (Please finish on the back.)

Why would you like to volunteer for 4Paws Learning and Wellness Center? _____

What interests, skills or background do you bring to 4Paws? _____

Please tell us how you would like to serve 4Paws: Committee Member Speaker/Presenter Teacher/Coach

Dog Evaluation Helper Events Helper Fundraiser Other: _____

Please list two references (other than family members):

Name: _____ Relationship: _____ Phone: _____

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Our volunteers work with a variety of individuals, which requires that we pre-screen every volunteer to ensure people's safety. Have you been convicted of a felony, must you register as a sex offender, or are you currently a defendant in a pending criminal case? **Yes No** Do you object to a criminal background check should it be necessary? **Yes No**

By signing this application, I agree that the information given is true. _____ Signature _____ Date _____