



Volunteer Application

First name _____ Last Name _____ Age (if minor) _____

Address _____ Apt. No. _____

City _____ State _____ Zip _____

Phone _____ email _____

What is your main mode of transportation? _____

How did you learn about our program?

What kind of volunteer activities are you willing and able to do?

Fundraising Administrative duties Transportation

Social media Breeder host IT development

Photography Write for newsletter Marketing

Help with events Custodial work

Grant research and writing Dog Therapy Providers

Other: _____

How many hours a week do you want to volunteer? _____

Past volunteer experience _____

Do you have experience training or working with dogs if so what.

Applicant Signature

Date

Please return to: JLAD
PO Box 12023
Salem Or 97309 or joy@joydogs.org