



# CANINE ASSISTANCE PARTNERS VOLUNTEER APPLICATION



Applicant's Name (Print): \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex:  Male  Female

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name and ages of other family members (or residents in your household):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

work  home

Evening Phone Number: \_\_\_\_\_

work  home

Other (fax, cell): \_\_\_\_\_

fax \_\_\_\_\_  cell ph.

E-Mail Address(es):

\_\_\_\_\_  
 \_\_\_\_\_

What are your primary reasons for wanting to be a CAP volunteer?

\_\_\_\_\_

What area(s) are you interested in as a CAP volunteer?

Office/Clerical  Fund Raising  Photography/Video  Grooming

Public Relations  Puppy Raising (Fill Out Puppy Raiser Application)

Exercising Dogs  Demos, Booth, Events

Other (explain) \_\_\_\_\_

How many hours a week would you be available to volunteer with CAP? \_\_\_\_\_

During which time(s) would you be available to volunteer for CAP?

Day time (8am – 5pm)  Evening (5pm – 10pm)  Saturday  Sunday

Are you willing to provide a Written Progress Report on assigned tasks?  Yes  No

CAP Volunteer Application

6/8/03

Please list all pets living in your home. What are the breeds, gender, ages, spayed or neutered?:

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Do you have an enclosed yard?  Yes  No

Would you able to take a CAP puppy to your workplace occasionally?  Yes  No

Do you have the physical ability to lift, correct or restrain a 75-pound dog?  Yes  No

Additional Information/Comments:

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I certify that to the best of my knowledge, the above information is true and accurate. I agree to obey and follow all the by-laws, rules, guidelines, and requirements of Canine Assistance Partners. I understand that Canine Assistance Partners, Inc. is a non-membership, non-profit agency, that volunteers are accepted and placed "at will" and as such my volunteer position with the organization may be terminated with or without cause.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (If under 18 years of age): \_\_\_\_\_

Date: \_\_\_\_\_

**Please send completed application to:**

**Canine Assistance Partners, Inc.  
P.O. BOX 3097  
Eugene, OR 97403**