



# Canine Partners *for* Life

## VOLUNTEER APPLICATION

### SECTION 1: Overview

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for requesting a volunteer application.** The volunteer program at Canine Partners for Life (CPL) is critical to the success of the organization. Volunteers work in a wide variety of roles to support CPL's work and mission. Our goal is to match our volunteers' skills, talents, and interests with the organization's needs in order to achieve a mutually beneficial relationship and experience.

**The process of becoming a volunteer begins with the submission of this completed application, two letters of recommendation, and a photo** (see page 11 for letter information). Once we receive your application/references/photo, our Volunteer Coordinator will contact you to schedule an orientation. The purpose of the orientation is to introduce you to our organization and facilities and to further discuss your interests and talents. Depending on the volunteer position(s) you and the Volunteer Coordinator determine are most appropriate for you to pursue, additional training may be required. This will be discussed either during or after the orientation and we will provide you with a schedule of training. *Note: Volunteers with our Prison Puppy Raising Program will receive orientation materials by email or US mail.*

**CPL greatly appreciates your interest in volunteering** and we want this to be a positive and rewarding experience. We welcome, at any time, your thoughts, comments and suggestions. You may find that over time your volunteer interests change, expand, or may need to decrease. Please be sure to communicate regularly with our Volunteer Coordinator so that we can best utilize your time and talents.

**Canine Partners for Life is an accredited member of Assistance Dogs International.** CPL respects the privacy of everyone associated with the organization and all information is kept confidential, although files may be periodically reviewed by accreditation agencies to ensure CPL's commitment to the highest standards of excellence in the assistance dog industry.

Canine Partners for Life conducts its business and acceptance process in a manner that will not discriminate against anyone on the basis of race, color, religion, gender, national origin, age, the presence of mental or physical disability, sexual preference, life expectancy, or whether the individual is a disabled veteran or veteran of any era. It is Canine Partners for Life's policy to treat everyone who comes in contact with the organization with respect and dignity at all times.

**➔ I have read, understand, and agree to Section 1 of this application (please initial):** \_\_\_\_\_  
**(Parent/Guardian please initial if applicant is under the age of 18):** \_\_\_\_\_

**SECTION 2: Contact Info and Background**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** If applicant is under 18, list name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address (please type or PRINT legibly): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number or Driver's License Number\*: \_\_\_\_\_  
State: \_\_\_\_\_

*[\*Required for security purposes. Can be provided by phone or in person at time of orientation if preferred.]*

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Work  Cell

Work/School Status:  Student  Employed  Unemployed  Retired  Other \_\_\_\_\_

If you are a student, please list current grade plus name and address of school:

\_\_\_\_\_

If you are employed, please list employer's name and address:

\_\_\_\_\_

\_\_\_\_\_

If employed, what is your position/title? \_\_\_\_\_

Dates of most recent employment (starting/ending): \_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service so you may accrue credits/benefits offered by your company?  Yes  No

If yes, list name/contact info for person to be advised: \_\_\_\_\_

Are you a veteran?  Yes  No

**SECTION 2 Contact Info and Background CONTINUED**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

How did you hear about Canine Partners for Life? \_\_\_\_\_

Please share with CPL any special training, skills, hobbies, and interests:

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Are you a member of any group, club, or organization?  Yes  No If yes, please describe:

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Are you a member of, or do you support financially, any animal rights organizations (example PETA, HSUS)?

Yes  No If yes, please explain in detail the level of your involvement:

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Please share any prior volunteer experience (include organization name, position, dates of service):

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What prompted your desire to volunteer at Canine Partners for Life?

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**SECTION 2 Contact Info and Background CONTINUED**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Do you anticipate any health issues or other challenges that might affect your volunteer work at CPL?

Yes  No If yes, please describe: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, please explain the nature of the crime and the date of the conviction and disposition. (Conviction of a crime is not an automatic disqualification for volunteer work.)

Have you ever been convicted of a misdemeanor, summary offense, or felony related to the abuse, mistreatment, neglect, or harm to animals?  Yes  No

If yes, describe in detail, including the state and date in which the conviction was made:

Are you applying to volunteer as part of a court-ordered community service program?  Yes  No

If yes, please list type of offense: \_\_\_\_\_

Name/contact info of person supervising this service: \_\_\_\_\_

*(Please attach any documents showing community service details/requirements.)*

**SECTION 2 Contact Info and Background CONTINUED**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**POTENTIAL VOLUNTEER ROLES**

Below is a list of our most common volunteer positions. Please check any that you would potentially like to pursue. *This is just to give us a preliminary idea of your interests and may certainly change following your orientation.*

- Community Puppy Home – raise and train a CPL puppy for the first year of his/her life
- Temporary Puppy Home – provide backup assistance for CPL puppy homes on a short term basis
- Prison Temporary Puppy Home – provide socialization opportunities for puppies raised in prison
- Home Companion Training Home – reinforce training and house manners for Home Companion dogs in training
- Weekend Dog Sitter – provide weekend care for dogs in the second year of their training
- Socialization Handler – handle a CPL kennel dog on socialization trips to the mall or similar places
- Therapy Dog Handler – handle a CPL demonstration dog or dog in training on visits to local nursing home facilities
- CuddleTime/Walking Volunteer – provide enrichment activities for CPL kennel dogs
- Hospitality Volunteer – assist at CPL fundraising events, Graduation, and other special events
- Office Assistant – help with ongoing clerical functions such as filing, photocopying, and data entry
- Board/Committee Volunteer – serve on the CPL Board or assist in a Board related capacity

**I have completed SECTION 2 of this application to the best of my knowledge and with information that is true and correct.**

**➔ Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature if Applicant is under the age of 18:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 3 Signature**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Canine Partners For Life that is true, correct and complete to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Canine Partners for Life. I understand that misrepresentation or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Canine Partners for Life or my termination as a volunteer. I give my permission for Canine Partners for Life to contact my references.

**➔ Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature if Applicant is under the age of 18:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 4 Complaint Policy**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Canine Partners for Life**

**Complaint Policy for Non-employees**

Any non-employee (volunteer/applicant/student/recipient/donor) who has a grievance concerning CPL practices has the right to file a complaint according to procedures outlined in this policy. Grievances may include, but are not limited to, a perception of violation of rights; quality of service; discrimination based on category of race, age, disability, etc.; or other matter.

Complainants are treated with dignity and respect at all times, regardless of the nature of their complaint. They will not be discriminated against, harassed, intimidated, or suffer any reprisal as a result of filing a complaint or participating in an investigation of a complaint. If an individual feels that he or she is being subjected to any of the above, that person has the right to appeal directly to the Executive Director.

Affected parties should attempt to resolve the problem informally as soon as possible. Volunteers should discuss issues with the Volunteer Coordinator, donors with the Director of Development, and applicants/students/recipients with their trainer. If a solution cannot be reached, the person may present a formal complaint, in writing, to the Executive Director. Following the same protocol, complaints about the Executive Director should first be brought to her attention and then to the Board President if necessary. The President may be reached through CPL's mailing address. Formal complaints and responses to them will be documented and kept on file.

All complaints are handled in a timely manner. As a goal, CPL attempts to resolve a complaint within 20 working days from the time of its initiation. If an extension of the time limit becomes necessary, all involved parties will be notified.

**I have read, understand, and agree to SECTION 4 of this application.**

**➔ Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature if Applicant is under the age of 18:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 5 Standard Releases**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo Release**

As part of our community outreach, Canine Partners for Life needs to disseminate information about our program in order to fulfill our mission. This requires the use of photos and video in all media articles and stories, CPL displays and advertisements. Please indicate on the form below as to whether you agree or disagree to the use of such pictures.

Check one statement:

\_\_\_\_ Yes, I give permission for CPL to use photographs and videos of \_\_\_\_\_ in connection with its efforts to fulfill its mission. I fully release CPL, its officers, directors, employees, heirs and assigns from any liability to me or others that may arise from the use of such photography or videos.

\_\_\_\_ No, I do not give CPL permission to use photos or video of \_\_\_\_\_ for any reason.

**➔ Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature if Applicant is under the age of 18:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**SECTION 5 Standard Releases CONTINUED**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Care Release**

Volunteer's name (printed): \_\_\_\_\_

Check one statement:

\_\_\_\_\_ I, \_\_\_\_\_ (name) understand that the staff of Canine Partners for Life is trained in only basic first aid and agree to allow the staff and volunteers of Canine Partners for Life to seek emergency medical treatment if in their best judgment, my medical condition is life threatening or poses serious risk.

\_\_\_\_\_ I, \_\_\_\_\_ (name) do not agree to allow the staff and volunteers of Canine Partners or Life to seek emergency medical treatment if in their best judgment, my medical condition is life threatening or poses serious risk.

**➔ Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature if Applicant is under the age of 18:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 5 Standard Releases CONTINUED**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Canine Partners for Life  
Liability Form**

It is hereby agreed by and between Canine Partners for Life, a non-profit Pennsylvania corporation and provider of canines to assist individuals who have disabilities, (hereinafter the "Provider"), and \_\_\_\_\_, the volunteer's signatory hereto and, if applicable, said volunteer's parent or legal guardian signatory hereto (said volunteer, and, if applicable, said volunteer and said parent or legal guardian together, "the Volunteer"), an individual who is volunteering their services, (hereinafter the "Volunteer"), as follows:

1. Volunteer acknowledges that there are certain inherent risks related to working with animals.
2. The Provider shall make every reasonable effort to provide a safe environment in which the Volunteer is to provide services.
3. The Volunteer assumes the risk of injury, including serious bodily injury and death, as well as property damage, that may result not only from Volunteer's actions or inactions, but the actions, inactions or negligence of others and/or the actions or inactions of the animals. Further, the Volunteer acknowledges and assumes the risks of working with animals that may not be known to Provider or not reasonably foreseeable at this time.
4. The Volunteer releases, waives and discharges Provider and agrees to fully indemnify and hold harmless and release from any potential liability Provider, its successors, heirs, beneficiaries, attorneys, administrators and legal representatives, parents, subsidiaries and affiliates, principals, officers, directors, shareholders, agents, supervisors and employees from any and/or all causes of action, claims, suits, debts, charges, complaints, liabilities, obligations, agreements, damages, attorneys' fees, costs, expenses and demands of whatsoever kind on account of all known and unknown, suspected or unsuspected, foreseen or unforeseen causes of action, losses and/or damages allegedly sustained caused in whole or in part by the animal provided and the services being rendered by Provider.

**The undersigned has read this waiver and release and signs it knowingly and voluntarily.**

**➔ Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature if Applicant is under the age of 18:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**➔ WITNESS\*** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*STOP! This page requires a witness to your signature – can be a family member, friend, neighbor, coworker, etc. Please do not submit the application unless the witness signature is present. Thank you!**

**SECTION 6 Reference Letters and Photo**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please include the following with your application:**

- **TWO LETTERS OF RECOMMENDATION** – these should be written by people outside your immediate family, such as a friend, neighbor, teacher, co-worker, clergy person, etc. There is no required length, however the letters should include the following information at minimum:
  - Capacity in which the person knows you and for how long
  - Qualities the person feels you would bring to a volunteer role with Canine Partners for Life
  - Any knowledge or observation of your previous interaction with dogs (pets or otherwise)
  - Full address and telephone number of the person writing the letter
  
- **A RECENT PHOTO OF YOURSELF** – can be submitted as a hard copy or electronically (send to [volunteer@k94life.org](mailto:volunteer@k94life.org)). Head shots are preferred; clear cell phone photos are fine.

**➔ Please make a copy of this application and all release forms for your records before sending!**

Return completed application along with the required two letters of recommendation and photo to:

**Canine Partners for Life  
Att: Volunteer Coordinator  
P. O. Box 170  
Cochranville, PA 19330.**

Applications can also be faxed (610-869-9785) or scanned and emailed to [volunteer@k94life.org](mailto:volunteer@k94life.org).

Please allow 2-3 weeks for processing. If you have further questions regarding the Canine Partners for Life volunteer application or program, please call (610) 869-4902 x 229 or email [volunteer@k94life.org](mailto:volunteer@k94life.org).

*Thank you for your support!*

**www.k94life.org • info@k94life.org • Phone (610) 869-4902 • Fax (610) 869-9785**