



VOLUNTEER APPLICATION

SECTION 1: Overview

Applicant's Name: _____ **Date:** _____

Pronouns: mark all that apply

☐ She/her

☐ They/them

☐ Other: _____

☐ He/him

☐ Xe/xem

☐ I decline to answer

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 and one letter of recommendation (see page 6 for letter information). Once we receive your application and reference letter, our Outreach and 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.

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 Outreach and 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: _____

How do you prefer to be addressed? _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone Number _____ ☐ Cell ☐ Home ☐ Work

Secondary Phone Number _____ ☐ Cell ☐ Home ☐ Work

Email Address (please type or print legibly): _____

Birth Date: _____

Emergency Contact

Name: _____ Relationship: _____

Primary Phone Number _____

Work/School Status: ☐ Student ☐ Employed ☐ Unemployed ☐ Retired ☐ Other _____

If you are a student, please note name and address of school:

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

Will your volunteer service be associated with a Prison Puppy Raising Program? ☐ Yes ☐ No

If so, which facility/institution? _____

Note: Volunteers with our Prison Puppy Raising Program will receive orientation materials by email or US mail.

SECTION 2 Contact Info and Background CONTINUED

Applicant's Name: _____ **Date:** _____

How did you hear about Canine Partners for Life?

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

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.)

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 may be verified by Canine Partners for Life. I understand that misrepresentation or omissions may be cause for rejection as an applicant for a volunteer position with Canine Partners for Life or my dismissal 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 Reference Letter

Applicant's Name: _____ Date: _____

Please include the following with your application:

- **ONE LETTER OF RECOMMENDATION** – this letter should be written by someone outside your immediate family, such as a friend, neighbor, teacher, co-worker, clergy person, etc. There is no required length, however the letter 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
 - Full address and telephone number of the person writing the letter

If this volunteer service is court ordered, court paperwork may be submitted in lieu of a recommendation letter.

Return completed application to:

Canine Partners for Life
Att: Outreach and 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.

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.

Thank you for your support!

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