



Pawsitive Independence Autism Service Dogs of Saskatchewan Inc.
Box 1630 Martensville, SK S0K2T0
PawsitiveIndependenceASD@gmail.com
Non-Profit #:101234133

Volunteer Application

Contact Information

Name	
Street Address	
City PROV Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Personal Information

Occupation: _____

Usual hours of work: _____

Are you over the age of 18? _____

How did you hear of us? _____

Do you have your own vehicle? (Required for foster programs and training assistant) ____

Medical/health conditions: _____

Availability

During which hours are you available for volunteer assignments? (circle all that apply)

Weekday mornings: M T W Th F

Weekend mornings: Sat Sun

Weekday afternoons: M T W Th F

Weekend afternoons: Sat Sun

Weekday evenings: M T W Th F

Weekend evenings: Sat Sun

Interests

Tell us in which areas you are interested in volunteering. (You may select more than one.)

___ Puppy Raiser

___ Volunteer Coordinator

___ Adult Dog Raiser

___ Media/Marketing Coordinator

___ Boarding Home (puppy)

___ Fundraising Coordinator

___ Boarding Home (dog)

___ General Volunteer (events, fundraising, etc.)

___ Training Assistant

Equality Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience. What led you to apply to Pawsitive Independence as a volunteer? Why are you a good candidate to volunteer with Pawsitive Independence?

Foster Program (Puppy Raiser, Adult Dog Raiser, Boarding Home)

Are you willing to have a dog live in the house as a member of your family? YES NO

Property: Owned Rented (If rented, written landlord approval required.)

Number of adults at home: _____

Number of children at home: _____

Ages of children: _____

Is anyone in the household allergic to animals? YES NO

Is your yard fenced and secured? YES NO

Are there any areas of your home that would be out of bounds? YES NO

Details: _____

Would the dog be able to sleep in your bedroom: (circle all that apply)

in a kennel

on the floor

on the bed

not in bedroom

Details: _____

Foster Program (Puppy Raiser, Adult Dog Raiser, Boarding Home)

Do you agree not to leave the dog alone for more than 4 hours at a time? YES NO

Comment: _____

Is one adult at home during the day (NOT required for Adult Dog Raiser)? YES NO

Details: _____

Have you had any experience with dogs or training? YES NO

Details: _____

Do you have any pets at the moment? YES NO

If yes:

1. How many? _____

2. What are they? _____

3. How old are they? _____

4. Are their vaccinations up to date? _____

5. Do you currently foster for another group? _____

If accepted, when would you be able to take a dog? _____

Are you prepared to come to the Warman training centre and other areas of Saskatoon/Martensville/Warman for training lessons and other events? YES NO

Are you prepared to transport the dog to and from the Warman training centre Monday to Friday? (This question does NOT apply for the Puppy Raiser Program. Transport is mandatory for adult raising.) YES NO

Details: _____

Personal Reference:

Name: _____ Relationship: _____

Phone: _____

E-Mail: _____

Years Known: _____

Professional Reference (veterinarian, trainer, groomer, etc.):

Name: _____

Occupation or company: _____

Relationship: _____

Phone: _____

E-Mail: _____

Years known: _____

Please, if you can't provide professional references explain why:

Boarding Home

When are you available to board? (weekdays or weekends) _____

What age of dog are you willing to take? (puppy or adult) _____

Would you be interested in long term boarding? (1 week – 1 month) _____

Please indicate specific times or days that you are not available for boarding:

Training Assistant/Kennel Assistant

What is your availability? (Days of the week, hours available. We are only open Mon-Fri 9am-5pm.) _____

How long are you able to commit for? _____

Other comments

Is there anything else you would like us to know or comments you would like to make?

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Person to Notify in Case of Emergency

Name	
Street Address	
City PROV Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us.