

DOGS FOR INVISIBLE DISABILITIES
33821 BREWSTER RD LEBANON, OREGON 97355
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EMAIL: DID@DOGSFORINVISIBLEDISABILITIES.COM



VOLUNTEER APPLICATION

Please print: provide personal information:
(Personal information is for DID use only)

Legal Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Work ___ Home ___ Cell ___

Alternative Number: _____ Message ___ Home ___ Cell ___

Email: _____

Occupation and Employer: _____

Please provide a contact person in case of emergency:

Emergency Contact: _____

Relationship _____

Home phone: _____ Alternate phone: _____

How would you prefer to be contacted about volunteer opportunities?

Phone ___ Email ___ Other _____

Why are you interested in becoming a volunteer with Dogs for Invisible Disabilities (DID)?

List any skills, hobbies, or interests you feel may benefit DID _____

Are you interested in helping with off-site projects? No ___ Yes ___ If yes, please check those you wish to be put on the contact list for:

- Fundraising and Special Events - DID participates in a variety of fundraisers and events throughout the year.
- Newsletter – Writing articles, photographs, editing or publishing
- Website – Editing, writing articles, updating or revising content
- Weekly Public Access Training meetings

WAIVER OF RESPONSIBILITY

I, _____
Legal Name

am about to participate as a volunteer for Dogs for Invisible Disabilities, and I am doing so entirely upon my own initiative, risk, and responsibility. I hereby for myself, my heirs, my executors remise, release, and discharge Dogs for Invisible Disabilities, its officers and employees from all claims, demands, actions, or cause of action on account of any injury to me that may occur during my volunteer time.

Volunteer Signature

Guardian Signature (Signature of parent or guardian if under 18)

Date

See Dogs for Invisible Disabilities policy on the participation of Minors as volunteers (By-Laws Article II, Section 4).

For Office Use Only: Date Received: _____ Date Approved: _____ Date Contacted: _____ Orientation: _____
