

ISLAND BARK RESCUE

PO BOX 474 • ISLAND PARK, NY 11558

ISLANDBARKRESCUE@GMAIL.COM

VOLUNTEER APPLICATION FORM

Date: _____

Contact Information

Full Name: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Cellphone No.: _____

Personal Information

Applicant's Age: _____

State that Issued ID/Driver's License: _____

ID/Driver's License Number: _____

Previous Experience

Do you have any experience with animals, please describe?

Do you have any prior volunteer experience?

Please list all interests and skills you would like to use at IBR?

Are you comfortable approaching and managing dogs, please be specific?

Have you ever been bitten or attacked by a dog, please explain?

Availability

Please circle the days and write in the times of which you are available to volunteer below:

Sunday - _____

Monday - _____

Tuesday - _____

Wednesday - _____

Thursday - _____

Friday - _____

Saturday - _____

Personal References

Please list three references:

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

By signing below, I certify that the above information is true and correct to the best of my knowledge. I also acknowledge that falsification of any of the above can result in my being denied the volunteer position at Island Bark Rescue, Inc.

Signature

Date