



FIDOS FOR FREEDOM, INC.

An Assistance Dog and Therapy Dog Training Organization
P.O. Box 5508
Laurel, MD 20726
(301) 490-4005 (VOICE)
(410) 880-4178 (VOICE)
(301) 490-9061 (FAX)

[Web site: www.fidosforfreedom.org](http://www.fidosforfreedom.org)
[Email: office@fidosforfreedom.org](mailto:office@fidosforfreedom.org)

Volunteer Information Sheet

Name: _____

 Last First MI Preferred Name

Address: _____

 # Street Apt.# City State Zip

Phone: _____

 Home Work Cell Fax * preferred

E Mail: _____

* preferred if multiple

Employer: _____

Occupation: _____

Junior Volunteers Only (under 18)

Name of High School: _____ **Grade:** _____

Anticipated Graduation Date: _____ **Age:** _____

Is your volunteer work to be used as credit for graduation requirement ?

Yes No

Please Describe: _____

Volunteer and Employment Information

Please list and describe your 3 most recent work/volunteer experiences

1. _____
2. _____
3. _____

Hobbies and Interests:

Memberships, Affiliations, Clubs:

Special Skills:

Check any skills activities that you consider yourself proficient or experienced in that you would like to share.

Office Skills	Writing
<ul style="list-style-type: none"> <input type="checkbox"/> Accounting <input type="checkbox"/> Computer Hardware <input type="checkbox"/> Organizing <input type="checkbox"/> Work Processing/Data Entry <input type="checkbox"/> Audio/Visual 	<ul style="list-style-type: none"> <input type="checkbox"/> Newsletter/Writing Articles <input type="checkbox"/> Thank You Notes <input type="checkbox"/> Grant Writing <input type="checkbox"/> Writing Promotions for Radio and Print
Maintenance	Marketing/Public Relations
<ul style="list-style-type: none"> <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Light Cleaning 	<ul style="list-style-type: none"> <input type="checkbox"/> Graphic Design for Promotional Materials <input type="checkbox"/> Information Booths/Community Education <input type="checkbox"/> Marketing Ideas <input type="checkbox"/> Window Displays
People Skills	Fund Raising
<ul style="list-style-type: none"> <input type="checkbox"/> Working with Children <input type="checkbox"/> Working with Senior Citizens <input type="checkbox"/> Sign Language <input type="checkbox"/> Talking to Groups <input type="checkbox"/> Other language (specify) _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Developing Fund Raising Ideas <input type="checkbox"/> Fund Raising Participation <input type="checkbox"/> Booth Design
Dog Skills	Other
<ul style="list-style-type: none"> <input type="checkbox"/> Dog Training <input type="checkbox"/> Puppy Raising <input type="checkbox"/> Dog Grooming <input type="checkbox"/> Vet or Vet Tech 	<ul style="list-style-type: none"> <input type="checkbox"/> Banquet Planning <input type="checkbox"/> _____ <input type="checkbox"/> _____

Special Training:

List any courses, training, experience, etc. which may be applicable (e.g. CPR):

Availability/Interests

Are you available to volunteer on a regular basis or would you prefer to volunteer for special events only?

- On a Regular Basis What day(s) _____ Times _____
- Special events only

Is there an activity you prefer? (If so, please describe)

How did you hear about Fidos For Freedom Inc.?

Why are you interested in volunteering with Fidos?

I am interested in the following programs :

- | | |
|---------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Therapy Dog Program | <input type="checkbox"/> Service Dog Training |
| <input type="checkbox"/> Puppy Raising | <input type="checkbox"/> Vacation Home for Service Dogs in Training |
| <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Community Education (demos, info booths) |
| <input type="checkbox"/> Junior Volunteer Program | |

If you checked any of the boxes above, please answer the following questions :

1. Do you own a dog(s)? No Yes, Name _____ Breed _____ Age _____
Obedience School: _____ # of years _____ Obed Titles: _____
2. Have you ever owned a dog? No Yes Breed: _____
Obedience Training? _____ Obed. Titles? _____

Please discuss your experience with dog obedience :

Your Birthday (day and month only) _____ Therapy Dog Birthday _____

Emergency Contact Person: _____
Name Relationship Phone #(s)

Signature: _____ Date: _____

Thank you for taking the time to complete this information. Once received, A Fidos representative will contact you as soon as possible. We look forward to working with you and appreciate your offer of time and skills. Fidos for Freedom could not exist without our volunteers.