



SPROCKETT'S

DOGGY DAY CAMP

Because Your Best Friend Deserves The Best Care

VOLUNTEER APPLICATION FORM

(Please Print Clearly)

Date: _____/_____/_____

MM

DD

YY

Name: _____

Address: _____

City: _____ Province: MB Postal code: _____

Phone Number: _____ Home _____ Cell _____

Email: _____

All volunteers must be 16 years of age or older. Anyone interested in volunteering under the age of 18 must have parental consent before they can start to volunteer.

I _____ agree that my child _____ is over the age of 16 and can start volunteering at Sprockett's Doggy Day Camp.

Signature of Parent

_____/_____/_____
MM DD YY

At what time(s) are you available to volunteer? (please circle all that apply)

Prefer mornings 6:45am – 1pm

Other (please state time(s))

Prefer afternoons 12pm - 6pm

How often would you like to volunteer? Please indicate below:

What day(s) can you volunteer? (please circle all that apply)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Are you willing to commit at least **1 shift a week** to Sprockett's Doggy Day Camp?

Yes [] No [] if no, please explain

Do you have any limitations (heavy lifting, walking, allergies, etc.)? If yes please advise:

Have you had any **formal education** in pet care or animal welfare?

Where?

When?

Type of training:

Do you have any pets? If so, please tell us about them:

I will abide by all of the policies and procedures of Sprockett's Doggy Day Camp.

I understand that I may at anytime, with or without cause, be removed from my position as a volunteer at the sole discretion of Sprockett's Doggy Day Camp.

Once you make this commitment please remember the dogs, other staff and volunteers at Sprockett's Doggy Day Camp are counting on your dedicated participation.

Signature

_____/_____/_____
MM DD YY

Thank you for your interest in Sprockett's Doggy Day Camp