



12472 Lake Underhill, Suite 142
Orlando, Fl. 32828
info@doglandofoundation.org

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Email Address _____

Under 18 If under 18 please provide age _____ Please list any pets you currently own: _____

Employer: _____ Occupation: _____

What is your availability? Weekdays Evenings Weekends

What area are you interested in assisting with? Puppy BREATH Communication Social Media Full Tummy Fundraising

What is the best time to contact you: _____ How did you hear about us? _____

How many hours per week are you able to volunteer? _____

Do you have any special skills that you would like to apply to your volunteer role? Please explain: _____

If you have volunteered with the Doglando Foundation in the past, please provide information on the type of volunteer work you did: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Please provide two References:

Name: _____

Phone Number: _____

Email: _____

Relationship: _____

Name: _____

Phone Number: _____

Email: _____

Relationship: _____

VOLUNTEER AGREEMENT

As a volunteer, I agree to always represent The Doglando Foundation in a professional manner. I understand there may be risks involved with volunteering with animals.

Name: _____

Date: _____

Doglando Foundation Representative: _____

Date: _____