

Paws Giving Independence

Service Dog *Volunteer* Application

Basic Information:

Name: _____ Date: _____

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

Email: _____

Home Phone Number: _____

Cell Phone: _____

Are you over the age of 18? Y / N If No, How old are you? _____

Emergency Contact: _____ Phone Number: _____

Please describe any experience you have with taking care of a dog:

Please describe any previous dog training experience (Note you do not need to have any experience to volunteer)

What type of volunteer work are you interested in: Animal training, public events, clerical work, other? _____

How did you hear about our organization? _____

----- **Waiver** -----

I do hereby agree to hold free from any and all liability the Paws Giving Independence and its members and officers. I declare myself to be physically sound to participate with the PGI organization. My family, members of my household and myself wave the rights and claims for damages and injuries, which may come from my connection and participation with PGI.

Signature: _____ Date: _____

Please send completed form and waiver to:
Paws Giving Independence, PO BOX 9572, Peoria, IL, 61612-9572