

Northwest Dog Project Volunteer Interest Profile

Thank you for your interest in helping Northwest Dog Project. Our volunteers provide extensive socialization for our dogs so they have the best chance for a second chance with new families. Our volunteer program is integral to the success of our mission, which is to rescue dogs that were once on death row and placing them into loving forever homes.

You can help Northwest Dog Project by volunteering in a number of ways, but please note:

- The minimum age to volunteer at Northwest Dog Project is 18.
- We are unable to accept volunteers in need of fulfilling community service requirements.
- You must provide your own transportation to and from Northwest Dog Project.

Name _____ Email _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Cell Phone _____

Please indicate your availability to volunteer:

Weekdays:	<input type="checkbox"/> Mornings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Flexible
Weekends:	<input type="checkbox"/> Mornings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Flexible
Hours/week:	<input type="checkbox"/> 1-2 hours	<input type="checkbox"/> 3-4 hours	<input type="checkbox"/> 5-8 hours <input type="checkbox"/> 8+ hours

Best time and day? _____

How long can you commit to volunteering?

☐ Less than 3 months ☐ 3 months ☐ More than 3 months

Check preferences that would help us match you to a volunteer position, and indicate how many years of experience (if any) you have in each area.

☐ Dog Walking _____

☐ Dog Bathing/Grooming _____

☐ Advertising _____

☐ Fundraising _____

☐ Event Organizing _____

☐ Adoption Events _____

☐ Cleaning _____

☐ General Maintenance _____

☐ Other _____

In what areas do you feel that you can contribute the most to Northwest Dog Project?

How did you hear about volunteering with Northwest Dog Project and what is your motivation behind volunteering here?

Have you volunteered with shelters or rescues before? If so, what was your experience there?

What would you like to gain from your volunteer experience?

Medical Information

Please list any medical conditions (e.g. allergies, illnesses, special dietary needs) of importance.

Please list any physical or behavioral needs and/or accommodations we should be aware of.

Please provide us with volunteer or work references

Name	Relationship	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Optional Photo Release: I give permission to Northwest Dog Project to photograph and/or use pictures, slides, videos, or stories of my volunteer activities:

Photo release signature: _____

Please email your application to:

info@northwestdogproject.org

If you wish to mail please send to:

Northwest Dog Project, 30764 Koinonia Rd., Eugene OR, 97405.