Operation Freedom Paws
777 First Street, PMB 515 Gilroy, California 95020
501(c)3 - EIN 45-2566382

www.operationfreedompaws.org



# **Volunteer Application**

Conta	ct Information:
Volunt	eer Name:
Street	Address:City:
State:	Zip:
Phone	#(s): (required)
Email	Address:
Gener	al Information:
1.	How would you like to be contacted in the future? (Email, phone, etc.)
2.	If you prefer contact by phone, when are the best day(s) and time(s)?
3.	When are you available to volunteer?
4.	Are there any limitations that you have that we should be aware of when assigning you volunteer opportunities?
	teer Experience: Have you been a member of other volunteer organizations? If so, which groups? What types of things have you done with these groups?

2. Describe your ideal volunteering experience.

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## Work Experience:

- 1. What is your current line of work?
- 2. What other sorts of jobs have you had?
- 3. What are your hobbies?

### **Personal Goals:**

- 1. Why would you like to volunteer with Operation Freedom Paws?
- 2. What types of things would you like to do at OFP?
- 3. What skills would you like to offer/share with us?
- 4. How did you hear about Operation Freedom Paws?
- 5. Would you like to receive our quarterly electronic Newsletters?

(Privacy statement): None of your personal information will be used for marketing purposes.

## \*Be sure to check us out on guidestar.com\*

Thank you for your interest in volunteering with Operation Freedoms Paws!!! Someone from the Volunteer Committee will be contacting you shortly.

Signature:	Date:		
	To Be Signed After Orientation on Freedom Paws liability waiver and agree to abide by its policies of the class and instructors.		
Initials:	Date:		
OFP USE ONLY: Application submitted at (place/event :)			
Accepted by	Date		