



**General Volunteer Application**  
*(not to be used for **Puppy Parent** applicants)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please mark your age group:  Under 18  18-29  30-54  55+

Are you a veteran or service member?  Yes  No

How did you learn about Paws for Purple Hearts?  
\_\_\_\_\_  
\_\_\_\_\_

Are you a participant in PPH Canine Assisted Warrior Therapy or a client of PPH?

Yes  No

Please indicate below when you are available for volunteer work (check all that apply):

Weekdays

Weekends

Mornings  Afternoons  Evenings

Mornings  Afternoons  Evenings

When can you start volunteer work and additional comments regarding your schedule?  
\_\_\_\_\_  
\_\_\_\_\_

Do you need a record of your volunteer hours?  Yes  No

**Please indicate the type of volunteer work you are willing to help with:**

**Basic Dog Handling**

- Dog Walking       Play Facilitation       Dog Grooming/ Bathing  
 Puppy Sitting (keeping a dog in your home for a short period of time, such as a weekend or weeknight, not on a regular basis)

**IT**

- Computer Programming/coding       Data Entry       Graphic Design

**Facility Support**

- Cleaning       Maintenance       Gardening/ Landscaping       Moving/Construction

**Marketing**

- Fundraising or Outreach       Event Planning/Support       Public Relations

**Other Support**

- Baking/Cooking     Event/Outreach Table Assistance     Veterinary     Legal  
 Reception/Clerical

Any other skills you have that you would like to provide to us as a volunteer:

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Why would you like to volunteer for Paws for Purple Hearts?

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Please list your previous volunteer work experience:

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**Please provide contact information for someone we can contact as a reference.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Volunteer Applicant Agreement and Liability Waiver

In anticipation that you will be accepted into Paws for Purple Hearts' volunteer program, please read and sign the agreement below.

I declare that the above information is accurate.

I authorize Paws for Purple Hearts to seek emergency medical treatment in case of an accident, injury, or illness.

I understand that if I am injured while acting as an unpaid member of the volunteer staff that I am not covered by applicable state Worker's Compensation Law.

I understand that working with dogs involves risks, including possible injury, illness, death, damage to or destruction of property, and I choose to volunteer with Paws for Purple Hearts of my own free will with full knowledge and acceptance of those risks.

I indemnify and hold harmless Paws For Purple Hearts from and against any and all claims, losses, liabilities and damage to persons or property, expenses, costs and/or attorneys' fees arising out of the acts or omissions of Paws For Purple Hearts, its directors, officers, agents or employees, and I agree that anything whatsoever that happens relating to the dogs, their training, or my volunteer work with dogs will not result in any claims against Paws For Purple Hearts, its directors, officers, agents or employees by me or anyone acting on my behalf for personal injuries or property damages.

If I volunteer through the Department of Veterans Affairs ("VA"), Department of Defense ("DOD"), a state Veterans services department, or similar host organization, I understand and agree that any claims I may have that are related to the program will be referred to the host organization and that the host organization may, at its own discretion, pursue those claims further.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*If the applicant is a minor, a legal parent/guardian must also sign below.*

\_\_\_\_\_  
Applicant Parent/Guardian Signature

\_\_\_\_\_  
Date: