Australian Shepherds Furever Volunteer Application

* First Name	* Last Name	* Email
* Home Phone Number	Cell Phone Number	Gender
Date of Birth	* Current Address	Current Address 2
State/Province/Region	* Zip Code and City	Country
	Employment Statu	JS
*What is your Employment Stat	us?	
Full TimePart TimeRetiredNot Employed or Retired*Name of Employer		
*How did you hear about Austra	General Volunteer Que	estions
		SCIOIIS
*Have you ever owned an Austr © Yes	alian Shepherd?	
O No		
*Do you have an Aussie now?		
O Yes O No		
*If you do Aussies now, how ma	iny?	
*During which hours are you av	ailable to volunteer?	
☐ Weekdays		
☐ Weekday Evenings☐ Weekend Mornings		
☐ Weekend Afternoons		
☐ Weekend Evenings		

*Tell us which areas you are interested in Volunteering:		
☐ Fundraising		
☐ Home Evlauations		
☐ Dog evaluation - private homes and shelters		
☐ Training/behavior modification		
☐ Transport/transport coordination		
☐ Pickup/short term foster,		
☐ Marketing/grant writing		
☐ Applications Processing		
☐ Other Admin Assistant tasks		
*Special skills or qualifications related to what you are volunteering for or would like considered::		
*Previous volunteer experience & breed specific experience::		
*Have you ever been accused or convicted of animal cruelty or neglect?:		
© Yes		
C No		
If Yes to the previous question - Please explain the circumstances.		
Emergency Contact		
*Emergency Contact Full Name::		
*Relationship to you:		
*Emergency Contact Street Address::		
*Emergency Contact City:, State and Zip		
*Emergency Contact Phone Number		
Emergency Contact Email:		

*Reference One - Full Name
*Reference One - Phone Number
*Reference Two - Full Name
*Reference Two - Phone Number
*Reference Three - Full Name
*Reference Three - Phone Number
Additional Information Please make note of any questions, concerns or any other relevant information you would like us to know.:
Signature and Acknowlegement By answering the questions on this form you are acknowledging that you have answered all of the above questions truthfully and to your best ability.
By answering the questions on this form you are acknowledging that you have answered all of the above questions truthfully and to your best ability.
O Yes O No
*Your Signature: Please type your full name
Today's Date