



Volunteer Application Form

| Personal Information | | | |
|------------------------|--|--------|--|
| Family name | | | |
| First name(s) | | | |
| Preferred name | | | |
| Previous legal name(s) | | | |
| Home phone | | Mobile | |
| Email | | | |
| Residential Address | | | |
| Number and street name | | | |
| Suburb | | | |
| City and Postcode | | | |

Please tick your answers

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| I am over 18 years of age | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are you willing to commit to some training for your role? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever been convicted of a criminal offence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you been investigated, or convicted, for acts of animal cruelty? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you been convicted for an act of animal cruelty? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please tick all the volunteering roles that you are interested in

| | |
|---|--------------------------|
| Puppy raising – puppies only | <input type="checkbox"/> |
| Puppy raising – juvenile and adult dogs | <input type="checkbox"/> |
| Fundraising – projects (ie; garage sales, sausage sizzles, craft markets, etc...) | <input type="checkbox"/> |
| Fundraising – large events (ie; animal days, Pet Expo, disability expos, etc...) | <input type="checkbox"/> |
| Fundraising – bucket rattling (collecting at small events) | <input type="checkbox"/> |
| Public speaking (ie; Rotary Clubs, Trust Board meetings, schools, etc...) | <input type="checkbox"/> |

PERFECT PARTNERS OFFICE USE ONLY

| Date received | Received by | | |
|---|-------------|--------------------------|-----------------------------|
| Application completed correctly and fully | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Application meets the programme criteria | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Landlord contacted if volunteer renting | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Referee(s) contacted and positive | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

Education, Skills, and Experience

Do you have any qualifications or experience that you feel is relevant to the position(s) that you are applying for? If yes, please describe:

Do you know how to use Word, Excel, and email? If yes, please describe:

Volunteering

Why do you want to be a volunteer for the Perfect Partners Assistance Dogs Trust?

What do you expect to get out of volunteering for the Perfect Partners Assistance Dogs Trust? Please explain:

Employment or Study

| | | | | | | |
|-----------------|------|--|-------|--|------|--|
| Do you: | Work | | Study | | Both | |
| Hours per week: | | | | | | |

Please provide a brief description of any role that you hold, in a paid or voluntary capacity, which may provide a conflict of interest for your role as a volunteer for the Perfect Partners Assistance Dogs Trust? Examples include pet therapy work, dog training, and work in the disability sector.

Health and Safety

Do you have a medical condition that could be aggravated by volunteering for the Perfect Partners Assistance Dogs Trust? Examples include allergies, or repetitive strain injuries.

Puppy Raiser only

Please tick your answers

| | | | |
|---|-----|--------------------------|-----------------------------|
| | ✓ | | ✓ |
| Can you ensure that the puppy or dog is not left alone for more than three hours at one time? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Do all the people living in your house agree to having a dog or puppy? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you discussed bringing the puppy or dog to your place of work and/or study? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Was your employer or place of study receptive to having the puppy or dog on the premises? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you live in rented accommodation? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

If you are renting please ask for, and complete, a *Landlord Contact Form*

Please describe your dog handling experience. Include the dogs you have owned, dogs you have regular contact with, and any experience you have had training dogs that do not belong to you.

Are you willing to have the client visit your home every two-four weeks to meet their puppy or dog prior to placement? Are you willing to meet the client in their home or at another location every two-four weeks so that they can meet their puppy or dog prior to placement? Please explain:

What kinds of clients are you willing to work with? Please tick your answers

Autism Spectrum Disorder

| | | | |
|-----|--------------------------|----|--------------------------|
| | ✓ | | ✓ |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Children with disabilities

Adults with neurological disabilities

Adults with psychiatric disabilities

Adults with seizure disorders

General Comments

Is there anything else that you would like to say in support of your application, or that you think it would be beneficial for the Perfect Partners Assistance Dogs Trust to know?

I _____ declare, that to the best of my knowledge, the information in this form, dated _____ is true and correct.

Signed: _____

Thank you for your interest in being a volunteer for the Perfect Partners Assistance Dogs Trust. We will be in touch within 14 working days to discuss your application.