



Volunteer Application Form

VOLUNTEER DETAILS

Volunteer Name: _____

Address: _____

Phone: _____ Mobile: _____ email: _____

VOLUNTEER MEDICAL DETAILS

Where the answer is yes, please provide brief details.

Do you have any medical conditions our trainer/program supervisor should be aware of? Yes/no

Allergies: Yes / no _____

Asthma: Yes / no _____

Current or pre-existing injuries: yes / no _____

Other: Please include any other information regarding medical history or other relevant information should medical attention be required _____

VOLUNTEER AVAILABILITY

PLEASE NOTE: Please ensure that you read the section 'volunteer time commitments' in the SHARE Reading Dogs Volunteer Handbook before completing this section.

Please write below the times you are willing to be available to visit your SHARE classroom/s under the day/s of the week that you will be available. Please note that times and days are will still need to be negotiated with the classroom teacher/s before confirming your allocation for the term:

Monday	Tuesday	Wednesday	Thursday	Friday



DETAILS OF VOLUNTEER'S DOG

Please fill out the following details for the dog that you wish to nominate for the SHARE Reading Dogs program. Please note that this application does not confirm that your dog will be accepted into the program. Your dog will still need to undergo a temperament assessment, carried out by an AWLQ staff member before we can confirm that he/she is suitable for the program. For more details about the temperament assessment process, please refer to the SHARE Reading Dogs Volunteer Handbook.

Name of Dog: _____ Age: _____

Breed/s: _____

Place of Purchase: _____

Name of your dog's vet clinic: _____ Clinic Phone No.: _____

Does your dog have any current health issues? If Yes, please provide details: _____

Does your dog have any particular behaviour issues? [Note: This will not necessarily exclude your dog from the program] If Yes, please provide details: _____

Have you and your dog ever attended and graduated from any dog obedience classes or workshops? If Yes, please provide details (i.e. the person/.company who runs the classes; where they were held and in what year you attended the classes):

In the interest of your own dog's health and the health of other dogs at the AWL, it is a requirement of the program that your dog's vaccinations are up-to-date. You must provide evidence of current vaccinations (in the form of a letter of certificate - photocopies accepted), issued by your dog's vet clinic.

Yes, I have attached proof of current vaccinations (please tick when complete).



THANK YOU!

Please return this registration form to the AWLQ Education Division and we will get back to you as soon as possible!

POST:

Education Division, AWL Qld; PO BOX 3253, Helensvale Town Centre, Qld 4212

FAX:

(07) 5509 9002

EMAIL: education@awlqld.com.au

IN PERSON:

Pop your forms into an envelope;
(Please clearly mark envelope Att: Kathryn Calthorpe, Education Division)
and hand into front reception or vet clinic at the
AWLQ Rehoming and Education Centre

