

DOG WALKER/SOCIALIZER APPLICATION



Please understand that the information provided below enables us to make sure we keep our dogs and volunteers safe, and well matched. Thank you for your understanding.

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE HOME _____ CELL _____ WORK _____

E-MAIL _____

- ARE YOU AT LEAST 18 YEARS OLD? _____
- HOW MANY PETS CURRENTLY IN YOUR HOME? _____ DOGS _____ CATS _____
- ANY BEHAVIORIAL CHALLENGES? (Y/N) _____
- IF YES, PLEASE EXPLAIN (HELPS US BETTER APPRECIATE YOUR IMMEDIATE EXPERIENCE WITH DOGS)

- IF YOU DON'T HAVE, OR HAVE NEVER HAD YOUR OWN DOG(S), WHAT IS YOUR EXPERIENCE WITH MEDIUM (40-60 LBS) TO LARGE SIZED (60+ LBS) DOGS?

- HAVE YOU EVER BEEN INVOLVED IN A VOLUNTEERING OPPORTUNITY LIKE THIS BEFORE? _____
- IF YES, FOR WHICH ORGANIZATION(S)?

- ARE YOU ABLE TO COMMIT TO AT LEAST ONE DAY A WEEK (IDEALLY THE SAME DAY) TO VISIT DOGS IN OUR CARROLLTON LOCATION?
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- ARE YOU ABLE TO COMMIT TO SPENDING UP TO 2 HOURS PER VISIT? (IT OFTEN TAKES THIS AMOUNT OF TIME TO GET ALL THE DOGS SOME PLAY YARD OR “WALK/LEASH” TIME)
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- DO YOU TRAVEL OFTEN? _____ IF SO, WOULD THIS PRECLUDE YOU FROM VISITING THE DOGS IN THIS GROUP REGULARLY?

THANK YOU FOR CONSIDERING BECOMING A PAWS DOG WALKER/SOCIALIZER...

WE COULD NOT DO THIS WITHOUT OUR VOLUNTEERS!!

Applicant Signature: _____

Date: _____