

# Battle Buddy Volunteer Application

Rescuing Each Other: Veterans and Dogs United

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## Personal Information

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

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## Volunteer Interest

Which volunteer opportunities interest you? (Check all that apply)

- Dog Socialization & Exercise** - Walk, play with, and socialize dogs in training
- Public Access Training Support** - Accompany dogs and trainers to public locations
- Administrative Support** - Data entry, filing, correspondence, scheduling
- Social Media & Marketing** - Content creation, photography, posting, outreach
- Event Support** - Setup, registration, coordination for fundraisers and community events
- Fundraising** - Grant writing, donor outreach, campaign planning
- Foster Care** - Provide temporary home for dogs between placements
- Facility Maintenance** - Cleaning, repairs, yard work, equipment maintenance
- Transportation** - Drive dogs to vet appointments, training locations, events

**Other:** \_\_\_\_\_

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## Availability

**How many hours per week can you volunteer?**

- 1-3 hours
- 4-6 hours
- 7-10 hours
- 10+ hours
- Flexible/As needed

**Which days are you typically available?** (Check all that apply)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

**Preferred time of day:**

- Morning (6am-12pm)
- Afternoon (12pm-5pm)
- Evening (5pm-9pm)
- Flexible

**How long can you commit to volunteering?**

- 1-3 months
  - 3-6 months
  - 6-12 months
  - 1+ years
  - Ongoing
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## Experience & Skills

**Do you have experience working with dogs?**

Yes  No

**If yes, please describe:** \_\_\_\_\_

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**Do you currently own dogs?**

Yes  No

**If yes, how many?** \_\_\_\_\_

**Are your dogs current on vaccinations?**

Yes  No  N/A

**Do you have experience with service dogs or working dogs?**

Yes  No

**If yes, please describe:** \_\_\_\_\_

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**Do you have any of the following skills or experience?** (Check all that apply)

- Dog training
- Animal behavior
- Veterinary care
- Grant writing
- Social media management
- Photography/videography
- Event planning
- Fundraising
- Marketing/communications
- Graphic design
- Website management
- Administrative/office work
- Construction/maintenance
- Other: \_\_\_\_\_

**Are you a veteran or active military?**

Yes  No

**If yes, branch and years of service:** \_\_\_\_\_

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## Physical & Health Information

**Are you physically able to:**

- Walk dogs for 30+ minutes?  Yes  No

- Lift up to 50 lbs?  Yes  No
- Bend, kneel, and stand for extended periods?  Yes  No
- Work outdoors in various weather conditions?  Yes  No

**Do you have any allergies to dogs or animals?**

Yes  No

**If yes, please describe:** \_\_\_\_\_

**Do you have any physical limitations or health conditions we should be aware of?**

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## Background & References

**Have you ever been convicted of animal cruelty or neglect?**

Yes  No

**Have you ever been convicted of a felony?**

Yes  No

**If yes to either, please explain:** \_\_\_\_\_

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**Please provide two references (not family members):**

**Reference 1:**

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

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

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

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

**Reference 2:**

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

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

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

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

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## Motivation & Goals

**Why do you want to volunteer with Battle Buddy?**

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**What do you hope to gain from this volunteer experience?**

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**Is there anything else you'd like us to know about you?**

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## Volunteer Agreement

I understand that:

- Volunteering with Battle Buddy is a privilege, not a right, and may be terminated at any time
- I will complete required orientation and training before beginning volunteer work
- I will follow all safety protocols and training guidelines
- I will treat all dogs, veterans, staff, and fellow volunteers with respect
- I will maintain confidentiality regarding veterans, donors, and organizational information
- I will not represent myself as an employee or official spokesperson of Battle Buddy
- I will notify Battle Buddy immediately if I am unable to fulfill my volunteer commitment
- I understand that Battle Buddy may conduct a background check

- I will sign a liability waiver before beginning volunteer work
- All information provided in this application is true and accurate

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## Signature

**Applicant Signature:** \_\_\_\_\_

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

**Parent/Guardian Signature (if under 18):**

\_\_\_\_\_

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

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## For Office Use Only

**Application Received:** \_\_\_\_\_

**Interview Date:** \_\_\_\_\_

**Background Check Completed:**  Yes  No  N/A

**Orientation Completed:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

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**Thank you for your interest in volunteering with Battle Buddy!**

**Submit completed application to:**

Rebecca Price, Founder & Lead Trainer  
Battle Buddy  
309 E Ohio St, Clinton, MO 64735  
Phone: +660-890-5766  
Email: owner@dalmatiabnb.org

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