Battle Buddy Volunteer Application

Rescuing Each Other: Veterans and Dogs United

Personal Information

Full Name: _____

Preferred Name: _____

Date of Birth: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

City, State, ZIP: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Relationship: _____

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:** _____

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

Experience & Skills

Do you have experience working with dogs?

☐ Yes ☐ No

If yes, please describe: _____

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: _____

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: _____

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?

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: _____

Please provide two references (not family members):

Reference 1:

Name: _____

Relationship: _____

Phone: _____

Email: _____

Reference 2:

Name: _____

Relationship: _____

Phone: _____

Email: _____

Motivation & Goals

Why do you want to volunteer with Battle Buddy?

What do you hope to gain from this volunteer experience?

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

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: _____

For Office Use Only

Application Received: _____

Interview Date: _____

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

Orientation Completed: _____

Approved By: _____

Start Date: _____

Notes: _____

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

Battle Buddy | EIN: 39-2127588 | 501(c)(3) Nonprofit (Pending IRS Approval)