



Volunteer Application

for Furloughing, Puppy Starting & Whelping Host

PLEASE PRINT. INFO ON HOW TO SUBMIT YOUR APPLICATION IS INDICATED AT THE END OF YOUR APPLICATION. THANK YOU.

Thank you for your interest in ICAN! Prior to completing this application, please note that you must be at least 18 years of age, pass a security background check, have a valid driver's license and have no felony convictions. Please complete the following application and share with us a little bit about your background and what area(s) you would like to become involved. Thank you!

Today's Date: ____/____/____

Personal Information (as it appears on your driver's license)

Full Name: _____ Date of Birth: ____/____/____

Street Address: _____ City: _____ Zip: _____

Email Address: _____ Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Preferred method of contact: Cell Work Home Email

Personal Emergency Contact:

Name: _____ Relationship _____

Work Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

What is the best day/time to reach you? _____

What type of transportation do you use? _____

How did you learn about ICAN? _____

What motivated you to get involved? _____

Employment

Are you currently:

Employed full-time Employed part-time Retired Unemployed Self-employed

Employer: _____

Job Title: _____

Job Description: _____

(Note: If retired or unemployed, please indicate your last employment.)

Two Personal References:

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Education

Check last year completed: 8 9 10 11 12

(College or Special) 13 14 15 16 (Graduate) 18 (Doctorate) 19+

Name of School: _____

Location: _____ Major/Degree: _____

Other schooling or training: _____

Volunteer Background

If you have any volunteer experience (civic, political, religious, cultural, etc.) please share with us where you are or have been active:

If you have volunteered at another organization, please provide the following information:

Name: _____ Title: _____

Name of Organization: _____ Phone: _____

Please list (or include a resume) the jobs you held, duties performed and skills used or learned during this experience:

Dogs-in-Training Volunteer (please check)

- Furlough (16 hour training required)
- Puppy Starter (12-16 hour training required)
- Pup Express (assist with transporting dogs to training facilities and/or vet appointments)
- Breeding Host Family (long-term commitment)

If you are interested in volunteering in an area that has not been listed, please describe:

Other

Outside of what you have already indicated in your response for employment and volunteer experience, do you have any experience in the area(s) you selected above? (Note: We do NOT require any experience - this is just for staff information).

What skills do you feel that you exceed in best?

Do you prefer to work: with groups of people as a partner with one other person
 Work solo No preference

I am available to volunteer approximately _____ hours each month.

Are there any days and/or times of the week that work best for you? _____

When can you begin volunteering for ICAN? _____

Do you receive our email correspondence (newsletters, events, announcements)?

- Yes
- No

If not, would you like to be added to our database? (Note: ICAN does not sell or share their mailing or email list.)

- Yes
- No

Have you attended our prison program called, If These Dogs Could Talk?

- Yes
- No

Do you have any additional comments or information you would like to share with us?

Signature: _____ **Date:** ____ / ____ / ____

Thank you for your interest in becoming a volunteer at ICAN. Please allow approximately two weeks before you are contacted by a member of the Volunteer Committee.

If you have any questions, please contact Sally Irvin, Director of Programs, sally@icandog.org

You may submit your application by mail it to us at: ICAN, Attn: Brynne Johnson, 5610 Crawfordsville Road, Suite 2101, Indianapolis, IN 46224 or email it c/o brynnee@icandog.org, or you may fax it to us at (317) 731-7361

ICAN, 5610 Crawfordsville Road, Suite 2101, Indianapolis, Indiana 46225 – www.icandog.org

For Office Only

Date Application Received: ____/____/____

Date Applicant Contacted: ____/____/____

Volunteer Assignment

Date Volunteer Contacted: ____/____/____

Date Volunteer Assigned: ____/____/____

Name of Committee to which the volunteer was assigned:

- Communications & Marketing
- Events & Outreach
- Office Administration
- Dogs-in-Training Volunteer

Other (if task was not committee related): _____

Special Notes: _____

Volunteer Task Completed

Date Volunteer Completed Task: ____/____/____

Volunteer Thank you/Feedback Form Sent: ____/____/____

Volunteer Thank you/Feedback Form Received: ____/____/____

Total Hours Volunteered: _____

Special Notes: _____
