

# Volunteer Application for WAG-Able

Date \_\_\_\_\_

Days and Times you are available \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Age (Under 18) \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

Skills & Experience \_\_\_\_\_  
\_\_\_\_\_

Have you ever worked with children or adults with disabilities (circle one) yes no

Please describe your experience working with people with disabilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about WAG-Able? \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? (circle one) yes no

If yes, please explain \_\_\_\_\_

---

References

Please list three people who know you well and can attest to your character, skills, and dependability.

| Name | Relation | Phone # | email |
|------|----------|---------|-------|
|------|----------|---------|-------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with WAG-Able that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by WAG-Able. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with WAG-Able or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Required - Parent or Guardian Signature if under 18 years of age.

\_\_\_\_\_ Date \_\_\_\_\_