

Volunteer Application

c/o Barb Schultze, Volunteer Coordinator
5659 Enchanted Valley Rd. Madison, WI 53528
Phone: (608) 695-4700 Fax: (608) 798-4325
Email: Barb@occupaws.org



Name: _____ Date: _____

Address, City, State, Zip: _____

Phone #'s: Home (____) _____ Work (____) _____

Cell (____) _____ Fax (____) _____

E-mail Address: _____

Emergency Contact

Name, Address, City, State, Zip: _____

Phone: _____ Relationship: _____

Availability - During which hours are you available for volunteer assignments? (Please check)

Weekdays ____ Mornings ____ Afternoons ____ Evenings

Weekends ____ Mornings ____ Afternoons ____ Evenings

Interests - Tell us what areas you are interested in volunteering for (Please circle)

Fund Raising	Clerical/Office	Public Speaker	Photographer
Foster Home	Volunteer Coordinator	Special Events	Puppy Hugger

Special Skills or Qualifications

Summarize special skills such as computers, data entry, Braille reading, sign language, photography, etc. Please also list any previous experience that we may utilize such as public relations, media contacts, public speaking, fundraising, animal training, etc.

By signing this application, I understand and agree to the following:

I authorize OccuPaws Guide Dog Association (OGDA) to seek medical treatment for me in the case of accident, injury or illness that I might sustain while participating in any activity of OGDA, while in, or upon the premises where the activity is being conducted.

I release, waive, discharge and covenant not to sue OGDA, their directors, officers, servants, agents or employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of, or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releaser or otherwise, while participating in any such activity.

Volunteer Signature

Date