

Adult Volunteer Application

Thank you for considering volunteer work at Marty's Place Senior Dog Sanctuary. The importance of volunteers to the sanctuary and especially to the well-being of the dogs who live here cannot be overstated.

The process of becoming a Marty's Place volunteer begins with your application. Complete this one if you are over 18 years old. Then mail it to: **Marty's Place Senior Dog Sanctuary**, **118 Route 526**, **Upper Freehold Township**, **NJ 08501**

If you are under 18, or if you represent a group that would like to volunteer together (scout troop, service club, etc), please contact the sanctuary director – <u>doreen@martysplace.org</u> or (609) 259-1278.

CONTACT INFORMATION: * all information in this section is required in order to process your application.

*Name									
*Street Address									
*City									
*State			*Zip Code						
*Primary Ph	none home,	cell)							
*Cell Phone	e (if different that	an above)							
*Cell Phone (if different than above) *E-Mail Address									
BACKGROUND QUESTIONS: The optional information you provide here will be used to help us understand the demographic make-up of our volunteers and most effectively match them with available volunteer assignments.									
Age Range . Are you: 18 to 24 25 to 50 51 to 65 over 65									
Gender Male Female									
Education High School Graduate or GED Trade or Vocational School Some College									
Associate degree Bachelor's degree Master's degree Doctoral degree									
Do you have a valid driver's license? yes no									
If you have a car, are you willing to drive it to transport dogs as part of your volunteer work? yes no									
If yes, do you have automobile liability insurance? yes no									
AVAILABILITY: Please indicate the days and times you are usually available to volunteer									
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
From:									
To:									
INTERESTS: In which service areas would you prefer to work?									
Service areas that interest Dog				Dog Swim		Clerical/Administrative			
you (choose all that apply) —		Sanctuar and Mainter	ry Upkeep nance	Fund raising and Development		Special Events and Outreach			

including your respon-	sibilities, dates of service, and the organization's the back of this page or attach another.	
	RIENCE: Please tell us a little about your expere, feel free to use the back of this page or attach	
	in:	
EMDLOVED: If appli	inable, placed list your current or most recent on	anlovar
Name	icable, please list your current or most recent em	npioyer.
Company Street Address		
City	State:	Zip Code
Work Phone	State.	Zip Code
E-Mail Address	_	
L-Mail Address		
EMERGENCY CON	ITACT: In the event of an emergency whom sh	aguld we notify?
Name	The in the event of an emergency whem or	iodia wo notify.
Street Address		
UIIV	State:	Zip Code
	State:	Zip Code
City Home Phone Cell Phone	State:	Zip Code
	State:	Zip Code

REFERENCES: Please list 2 references. One should be a supervisor or co-worker from a job or volunteer setting. Neither should be a relative.

REFERENCE 1:			
Name			
Street Address			
City		State:	Zip Code
Primary Phone (_	_ homework or cell)		
E-Mail Address			
Relationship?			
REFERENCE 2:			
Name			
Street Address	-		
City	ity		Zip Code
Primary Phone ($_$	_ homework or cell)		
E-Mail Address			
Relationship?			
	o keep volunteers informed send you any email you pre		edules, and volunteer opportunities by
What kinds of ema	ail Flectronic Nev		ment Appeals Schedule Reminders
·	Meeting and I Announcements	Event Imports	ant Information (that applies directly to you)
I Agree			
Senior Dog Sanctua volunteering. These	ary volunteer, and that there	e may be certain qualifi on, completing training	automatically register me as a Marty's Place cations I must meet before I may begin (when required for a particular assignment), a Waiver of Liability.
	orm, I attest that the informate. I give Marty's Place perm		n the form is true and accurate, and that I am ormation I've provided.
Signature:			Date: