



# 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 at [info@martysplace.org](mailto:info@martysplace.org) 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 Phone \_\_\_home,\_\_\_cell) \_\_\_\_\_

\*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

**INTERESTS**

Service areas that interest you (choose all that apply)	<input type="checkbox"/> Dog Care	<input type="checkbox"/> Clerical / Administration	<input type="checkbox"/> Fundraising
	<input type="checkbox"/> Sanctuary Upkeep / Maintenance	<input type="checkbox"/> Special Events / Outreach	

**AVAILABILITY:** Please indicate the days and times you are usually available to volunteer

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

**VOLUNTEER EXPERIENCE:** Please describe volunteer work you are doing now or have done in the past, including your responsibilities, dates of service, and the organization's name and purpose. If you need additional space, feel free to use the back of this page or attach another.

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**DOG CARE EXPERIENCE:** Please tell us a little about your experience raising or working with dogs. If you need additional space, feel free to use the back of this page or attach another.

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**Have you ever been convicted of a crime? \_\_\_no\_\_\_yes**

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

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**EMPLOYER:** If applicable, please list your current or most recent employer.

Name		
Company		
Street Address		
City	State:	Zip Code
Work Phone		
E-Mail Address		

**EMERGENCY CONTACT:** In the event of an emergency whom should we notify?

Name		
Street Address		
City	State:	Zip Code
Home Phone		
Cell Phone		
E-Mail Address		
Relationship?		

**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 ( \_\_\_ home \_\_\_ work or \_\_\_ cell) \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Relationship? \_\_\_\_\_

**REFERENCE 2:**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Phone ( \_\_\_ home \_\_\_ work or \_\_\_ cell) \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Relationship? \_\_\_\_\_

**EMAIL:** We like to keep volunteers informed of important news, schedules, and volunteer opportunities by email, but will not send you any email you prefer not to receive.

What kinds of email would you like to receive?      \_\_\_ Recruitment Appeals      \_\_\_ Meeting and Event Announcements      \_\_\_ Important Information

**I Agree**

I understand and agree that submitting this application form does not automatically register me as a Marty's Place Senior Dog Sanctuary volunteer, and that there may be certain qualifications I must meet before I may begin volunteering. These include attending orientation, completing training (when required for a particular assignment), accepting established volunteer policies and procedures, and signing a Waiver of Liability.

By submitting this form, I attest that the information I have provided on the form is true and accurate, and that I am over 18 years of age. I give Marty's Place permission to verify any information I've provided.

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