



VOLUNTEER APPLICATION

Today's Date ____/____/____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Mrs. Miss Ms. Mr. Nickname/Preferred name: _____

Date of Birth ____/____/____ Sex: ____ Preferred Pronoun: _____ Marital Status: _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Educational Background: High School Some College College Degree

College Major / Minor: _____ Certificates: _____

Occupation _____

Place of employment (if applicable) _____

Why are you interested in volunteering with Healing Hearts?

What experiences have you had that will be beneficial to your role as a Healing Hearts volunteer?

Are there any topics you feel could be triggering or uncomfortable for you?

What age group(s) do you prefer to work with? (Check all that apply)

- Ages 1-3 (childcare) Ages 4-7 Ages 8-10
 Ages 11-13 Ages 14-15 Ages 16-18 Adults

GENERAL INFORMATION

How did you hear about us? School Place of Worship Healing Hearts Website

Work Hospital/Doctor Social Media Friend Other: _____

VOLUNTEER REFERENCES

Please list at least 2 references.

Name _____ Relationship _____

Address _____

Street

City

State

Zip

Phone: _____ E-mail: _____

Name _____ Relationship _____

Address _____

Street

City

State

Zip

Phone: _____ E-mail: _____

Name _____ Relationship _____

Address _____

Street

City

State

Zip

Phone: _____ E-mail: _____

DOG THERAPY CONSENT

CONSENT TO PARTICIPATE IN DOG THERAPY: I consent to participating in the dog therapy component of the Healing Hearts of Waukesha County program. *(All dogs used in this program are tested by Bark River Therapy Dogs and are registered and licensed through Therapy Dogs Incorporated.)*

Check all those that apply:

- I am comfortable in the presence of dogs.
- I am very afraid of dogs.
- I am somewhat afraid of dogs.
- I am not able to be with dogs for health reasons.

(Print Your Name) (Signature) (Date)