

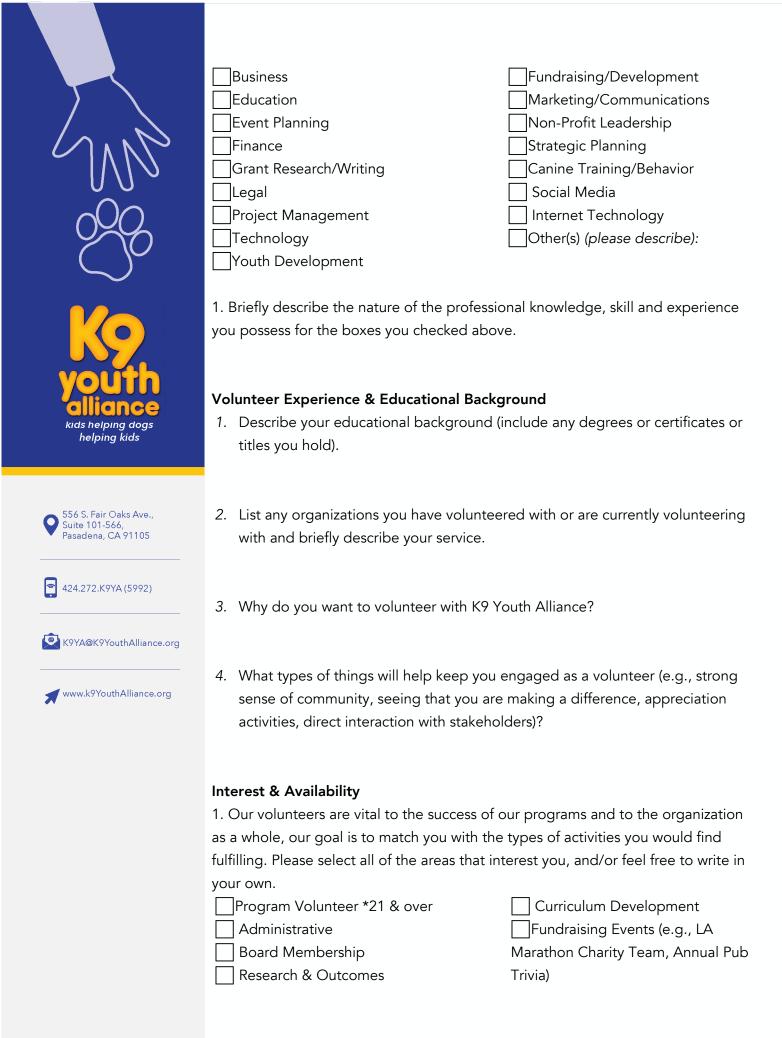
Demographic Info

Name:

## **Application: Volunteer**

Thank you for your interest in our mission to enrich the lives of youth from underresourced communities, focusing on the social-emotional growth of children and shelter dogs.

	Occupation: Address:						
	Mobile Phone: Email Address:		Other Phone:				
youth alliance kids helping dogs helping kids	Birthday ( <i>Month/Day</i> ): Age Range:  18-24  25-34  35-44	45-54 55-64 65-74		75-84 84+ Decline to state			
5540.5 + 0.1 +	How do you describe your gender identity? (Mark all that apply)						
556 S. Fair Oaks Ave., Suite 101-566, Pasadena, CA 91105	Female Male		Decline to state  A gender not li	e isted (write your			
	Non-binary/Genderqueer		response here):	stea (white year			
\$\frac{1}{2}\$ 424.272.K9YA (5992)	Transgender						
	Cisgender						
K9YA@K9YouthAlliance.org	With which racial and ethnic	group(s) do you	identify? (Mark all t	that apply)			
www.k9YouthAlliance.org	American Indian or Alaska Native		Hawaiian or Pacific Islander				
	Black or African American	l		city not listed (write			
	Hispanic, Latino or Spanis		your response here	e):			
	Middle Eastern or North African You may choose to describe your specific ethnicity(s) here:						
	Tou may choose to describe your specific ethilicity(s) field.						
	What languages do you speak?						
	Professional Background						
	What areas of professional knowledge, skill or experience do you possess?						
	(continued on next page)						
	Accounting		Administration				





556 S. Fair Oaks Ave., Suite 101-566, Pasadena, CA 91105

424.272.K9YA (5992)

K9YA@K9YouthAlliance.org

www.k9YouthAlliance.org

Outreach (e.g., presentations,									
2. In general, what days and timeframes are you able to volunteer?									
Mon	Tues	Weds	Thurs	Fri	Sat	Sun			
7. Please describe your experience, personal or professional, with dogs (experience with dogs is not a requirement).									
8. Please describe your experience, personal or professional, with youth ages 10 – 18 (experience with youth is not a requirement).									
Please prov (personal o Name (first	or profession , last): your relations number:	ne and conta al, non-famil	•	oerson we m	ay call as a r	eference			
Name: Telephone Email addr	:	to notify in t ship:	he event of	an emergend	cy?				
misdemear	ever been co nor or felony se explain be	nvicted of a charges per elow. (Note: iing voluntee	nding agains Answering y	t you?	es No utomatically	•			











circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to [nonprofit] to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Applicant Name (printed):

**Applicant Signature:** 

Date:

K9 Youth Alliance acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, gender identity, sexual orientation or marital status.

We appreciate your thoughtful responses. Please submit your completed application to Kelly @ k9ya@k9youthalliance.org.

We will be in touch soon - Thank you!





- 424.272.K9YA (5992)
- K9YA@K9YouthAlliance.org
- www.k9YouthAlliance.org