

Brothers And Sisters In Arms Dog Training, Inc.

Phillip Ruddock
P.O. Box 239
Estherwood, La 70534

SLCS, INC.
300 Nolan Trace
Leesville, La. 71446

Volunteer Application

Name: _____

Address: _____

Phone Number: _____

Cell Number: _____

Email: _____

Employer (Name, Address, and Phone Number):

Occupation: _____

Veterinary Reference (Name, Address, and Phone Number):

May we contact them? YES NO

If No, please explain: _____

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Personal Reference 1 (Name, Address, and Phone Number): _____

Years Acquainted: _____

Personal Reference 2 (Name, Address, and Phone Number): _____

Years Acquainted: _____

Why do you want to be a volunteer with Brothers and Sisters In Arms Dog Training, Inc.?

List the names, addresses and phone numbers of any other organization you have volunteered with or have been a member of in the past five years:

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What duties did you perform as a volunteer or member?

List the experience you have with animals (ownership, training, etc.)

What are you interested in helping with?

Any Additional Information To Add:

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Terms of Agreement

I hereby certify that the information contained in the foregoing Volunteer Application is true to the best of my knowledge, information and belief. I certify that I have read the application carefully and agree to abide by all terms and conditions, and follow all policies and procedures of Brothers and Sisters In Arms Dog Training, Inc. if accepted as a volunteer.

Name(Printed):_____

Signature:_____

Date:_____

Applications Must Be Mailed To:

Brothers and Sisters In Arms Dog Training, Inc.
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