

**VOLUNTEER APPLICATION FORM**

**Name:**

**Address (inc postal code):**

**Email address:**

**Cell phone #: Home phone #:**

**Birthday (Month/Day):**

**Name of dog: Breed:**

**Dog’s date of birth/ age:**

**IMPORTANT: if your dog is fed ONLY raw meat, it will not be accepted onto the CTDS program.**

**How would you like to help volunteer with CTDS?**

1. ***With* a dog:**

**Listening Tails Visiting Tails Caring Tails**

1. ***Without* a dog:**

**Fundraising Administration Community Events**

**Other (specify)**

**When are you available? (specify):**

**How did you hear about CTDS?**