UnityPoint Health
Trinity

Caring Canines Program Volunteer Application

For Office Use Only

Date rec'd: _____

Initial contact by whom/date: _____

Date of interview: _____

Interviewer: _____

Orientation date: _____

Notes: _____

_____

_____

Completion of this application does not guarantee placement as a Trinity volunteer. Those selected to volunteer are required to attend a half-day orientation at our West Campus in Rock Island.

Please print, complete both sides, and fill in all spaces that apply.

►☐Mr ☐Ms ☐Mrs _____
(Last Name) (First Name) (Middle Initial)

►Address_____

►City, State, Zip Code_____

►Home Phone # w. area code:_____ ►Cell Phone # w. area code:_____

►Date of birth: _____ ►E mail address:_____

Pet's Name:_____ Male:____ Female:____ Age:____ Breed:_____

►**Check if you have written proof of one of the following for your dog. (Check all that apply):**

☐Obedience training program of 6 weeks ☐CGC – Canine Good Citizen Test ☐Novice CD title

☐PAWD Certification ☐Therapy Dogs Inc.(TDI) Certification

Indicate your current status:

☐retired ☐homemaker ☐not currently employed

☐paid work full time (employer and type of work:_____)

☐paid work part time (employer and type of work: _____)

☐college student (name/location of college:_____)

Work experience:

►**Name former employers, type of work, and your approximate dates of employment (most recent first):**

_____
(Employer) (Type of work) (Dates)

_____
(Employer) (Type of work) (Dates)

Interests:

►List hobbies, club memberships, civic involvement, special talents or skills:

_____

_____

Volunteer experience:

►List any previous volunteering experience:

_____

_____

►Preferred campus for volunteering (check one or more):

☐ Rock Island ☐Moline ☐ Bettendorf

Miscellaneous Information:

►List any physical limitations for volunteer work:

_____

►Have you ever been convicted of a crime? ☐yes ☐no

►Do you have a record of founded child or dependent adult abuse? ☐yes ☐no

►List names, addresses, and phone numbers of two references (persons who are not related to you, have known you for at least five years, and have given permission to use their names.)

#1Name:_____ #2Name_____

Address_____ Address_____

City, State, Zip_____ City, State, Zip_____

Phone #:_____ Phone #:_____

PLEASE SIGN BELOW. Your signature below indicates that the information you have provided on this document is true and accurate. I acknowledge that if any answer or information is not true, accurate or complete, I may not be chosen to volunteer; or if chosen, I may be discharged.

_____ _____

(Signature) (Date)

Becoming a Trinity volunteer involves a personal interview, orientation, and training. This process can take from 2-8 weeks after application is received. Volunteers for summer only should apply in early spring.