



Volunteer Application

Therapet's mission is to utilize specially trained and certified animals to promote health, hope and healing.

DATE: _____

Name: _____
(First) (Middle) (Last) (Maiden)

Address: _____
(Street) (City) (State) (Zip)

Email address: _____

Home phone: (____) _____ Cell phone: (____) _____

Date of Birth: ____/____/____ (MM/DD/YY) Gender: Male/Female (circle one)

Race: Caucasian, Hispanic, African American, Other (circle one)

Presently employed: ___ Yes ___ Full Time ___ Part Time ___ Not employed

If yes, Name of employer: _____

What type of work have you done in the past? (briefly describe) _____

Currently enrolled in school? _____ Name of School: _____

What do you feel are your special skills, talents or hobbies? _____

Volunteer experience: (please list other agencies you have served as a volunteer) _____

How did you hear about Therapet? Newspaper _____ TV _____ Internet _____
Community presentation _____ Other _____ Therapet volunteer _____

Do you prefer to volunteer Weekdays _____ Weekends _____ Evenings _____

Emergency contact: Name: _____ Relation: _____

Home phone: (____) _____ Cell phone: (____) _____

Signature: _____
(Applicant)

Fax to: 903-535-2037 or Mail to: Therapet, PO Box 130118, Tyler, TX 75713