



Canine Miracles for Hereos

Volunteer Application

Canine Miracles for Hereos encourages the participation of volunteers who support our mission. If you would like to help further our mission as a volunteer and are willing to be trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us connect you with the organization in the volunteer opportunities most meaningful.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mailing Address (if different from above): _____

Phone: _____ Email _____

Tell us About Yourself

Please describe your work/volunteer experience, including any special skills/qualifications:

Please describe why you are interested in volunteering with Dogs Helping Heroes and how you heard about our volunteer program:

Emergency Contacts

Emergency Contacts Name: _____
Relationship: _____ Phone: _____

Volunteer Opportunities

In order to connect you with a volunteer opportunity that matches your interest, please check all that apply.

Fundraising: Support Dogs Helping Heroes mission through revenue generation, regional event support, and planning the annual "Be at Ease" fundraiser

Interview: Help with home inspections for service dog applicants

Rescue: Help establish relationships with shelters and rescues, foster opportunities, and transport

Outreach: Create awareness of Dogs Helping Heroes mission to military, first responders and Gold Star families by searching for, promoting and attending events that support outreach goals

Hero Engagement: Helping coordinate events to keep our Hero Teams and families engaged with DHH and providing a support system for them.

Other opportunities may include:

Helping at events

Design work

Public relations/social media

Helping with dogs at the training center after appropriate orientation

Disclaimer and Signature

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____

If you have questions, please contact us at jandl@caninemiraclesforheroes.com@gmail.com