



Fun Reading  Reading for Life

Volunteer Dog Team Application Form

PERSONAL DETAILS

Name: _____ DOB: _____

Address: _____ Post Code _____

Email: _____

Phone Numbers: (H) _____ (Mob) _____

Emergency Contact: Name _____ Phone _____

If you have a current Working With Children Check card please provide the number and expiry date:

Do you have a preferred school you would like to volunteer at? _____

Brief employment history: _____

Qualifications: _____

List any skills you have that are relevant to volunteering with Story Dogs:

List any volunteer work you have been involved in:

Describe why you would like to be a part of Story Dogs' reading support program:

 Phone: 0411 536 355  Email: info@storydogs.org.au 

 Address: PO Box 5075 Sth Murwillumbah NSW 2484 

 www.storydogs.org.au  ABN: 32 603 311 388



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DETAILS ABOUT YOUR DOG

Name of dog: _____ Male/Female Breed: _____

Age: _____ Desexed? Y/N How long have you owned your dog? _____

Is your dog registered with a local council? Y / N Council Name: _____

Is your dog used to being around children? Y / N Children outside your family? Y / N

Is your dog socialized with other dogs? Y / N

Generally do you trust your dog with all dogs they meet? Y / N If No, please give situations and potential reasons

Has your dog ever snapped/snarled/growled at anyone? Y / N If Yes, please give situations and potential reasons

Has your dog ever bitten anyone? Y / N If Yes, please give situations and potential reasons

Has your dog attended puppy training? Y / N

Is your dog trained in basic obedience/pet manners, to a reasonable standard. Y / N

Is your dog vaccinated? Y / N Is your dog regularly wormed? Y / N If Yes how frequently _____

What is your dog's favourite toy? _____

If you do not own the dog you intend to use for Story Dogs please fill out the following:

Name of dogs' owner _____

Your relationship with the owner (eg neighbour, friend, family member) _____ How long
have you known the dog? _____

Please list your involvement with the dog and the frequency (eg walk dog every day, dog visits every week, dog sit
once a month, etc) _____

Thank you for your application and interest in the Story Dogs program. Please post to the address below.

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