



DOGS' HOMES OF TASMANIA

Operated by the Tasmanian Canine Defence League Inc.

Volunteer Application Form

Please print NEATLY so we can read easily. Thank you 😊

What activity are you interested in (please tick relevant box/es);

Dog Walking Grooming Other: _____

Button Day: Refer to Button Day form found at <https://dhot.com.au/fundraising-volunteering/button-day-volunteering/>

Which Home/s are you interested in Volunteering at (please tick relevant boxes);

HOBART DEVONPORT BURNIE LAUNCESTON

PERSONAL DETAILS

Given name: _____ Family name: _____

Preferred name: _____ D.O.B: _____ Age: _____

Address: _____

Suburb: _____ Post Code: _____

Telephone Daytime: _____ Mobile: _____

Email: _____

EMERGENCY CONTACT DETAILS

Given name: _____ Family name: _____

Relationship: _____

Address: _____

Telephone Daytime: _____ Mobile: _____

Email: _____

GENERAL HEALTH

Do you have any pre-existing health conditions that may affect you while performing dog-walking duties?

Yes No

If you answered Yes above, please provide a short explanation below:

Date of Last Tetanus Shot: ___/___/___ Not vaccinated

VOLUNTEER COMMITMENT

How often are you able to volunteer?:

Monthly Fortnightly Weekly

What days of the week are you able to commit?

Monday Tuesday Wednesday Thursday Friday Saturday

Sunday

How many hours are you able to commit per visit?

IMPORTANT: You must be 16 years or over to walk dogs on your own. Volunteers under 16 years must be accompanied by a responsible adult every visit. The responsible adult must also provide a completed application and either a National Police Certificate or Working with Vulnerable People Registration and complete the Dog Walking Induction.

Applicants Signature: _____ Date: ___/___/___

Guardian Signature (if under 16 years): _____ Date: ___/___/___

Guardian Name: _____

Please fax, email or post your completed form to:

Fax: (03) 6243 7742

Email: volunteering@dhot.com.au

Post: PO Box 7, Lindisfarne TAS 7015

OFFICE USE ONLY

Confirmation Letter issued	___/___/___ Issued by:	Police Check Received	___/___/___
Tetanus current	YES / NO Date: ___/___/___	Induction Invitation sent	___/___/___
Under 16 years	YES / NO		