

# Battle Buddies of Central Oregon

PO BOX 1290 Redmond, OR 97756

541-390-7587

battlebuddiesco.org

facebook.com/cobattlebuddy

NAME:

---

ADDRESS:

---

PHONE(S):

---

E-MAIL:

---

How did you hear about BBCO?

What is your current occupation?

What volunteering experience do you have?

**Please mark with an "x" which area you are interested in volunteering.**

Fostering \_\_\_ Grooming \_\_\_ Walking Dogs \_\_\_

Land Prep \_\_\_ Kennel Work \_\_\_ Training Dogs \_\_\_

Office \_\_\_ Fundraising \_\_\_ Events \_\_\_

**Personal Reference:**

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Professional Reference:**

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Special Skills:**

---

---

---

---

---

How **long** will you be able to volunteer?

2-3 Months \_\_\_\_\_

3-6 Months \_\_\_\_\_

6+ Months \_\_\_\_\_

What **times** are you available?

<b>Day</b>	<b>AM</b>	<b>PM</b>
Monday	to	to
Tuesday	to	to
Wednesday	to	to
Thursday	to	to
Friday	to	to
Saturday	to	to
Sunday	to	to

### **Conduct of Volunteers**

I understand and agree to conduct myself as a respectable and professional member of the volunteer team while in public and at BBCO sponsored events.

I agree to keep all information about BBCO and it's participants in the program confidential.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature