

**ANIMAL ASSISTED THERAPY
VOLUNTEER APPLICATION**

Name _____ Date _____
(Last) (First) (Middle)

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

Are you a year around resident at the address listed above? Yes No

Home Phone _____ Birth date _____

Cell Phone _____ E-mail (Required) _____

Occupation _____ Employer _____

Have you ever done dog therapy work? (With your current dog)

Yes, where? _____ No

Are you currently Dog/Therapy Certified?

Yes, by whom? _____ Date of certification: / / No

Dog Information

Dog Name _____ Breed _____

Dog Birth Date _____ Weight _____

Male Female Neutered Yes No

Has your dog attended any obedience classes? Yes No

If yes, where and what level was completed: _____

Is your dog currently on year around Flea Protection? Yes No

What brand: _____ Heart guard brand: _____

Veterinarian: _____ Phone: _____

Does your dog live with you? Yes No How long? _____

Volunteer Availability

All volunteers will be required to work at least twice per month. Please circle your preferred shifts.

Saturday 9:30am – 11:30am Monday 9:30am – 11:30am Wednesday 9:30am – 11:30am

Sunday 6:00pm – 8:00pm Monday 6:30pm – 8:30pm Thursday 6:30pm – 8:30pm

Tuesday 2:00pm – 4:00pm Friday 2:00pm – 4:00pm

How much would you like to volunteer? _____ Number of days/week _____ Number of days/month



How did you hear about this program? _____

On a separate sheet of paper please write a short paragraph on why you would like to participate in this program.

Conviction Records

Yes No Have you ever pled guilty to or been convicted of a crime other than a minor traffic offense? This does not include minor traffic violations or convictions that have been sealed or expunged.

If yes, please explain: _____

TRAINING COMMITMENT

Select qualified applicants will be invited to have their dog's temperament tested. You will be notified of the next scheduled temperament testing. The cost for this testing is \$20.00 made payable to the OSF Saint Anthony Foundation. Handlers and dogs chosen for this program must attend a mandatory 3 day intensive training. As a result, your services will be contracted exclusively to OSF Saint Anthony Medical Center. Following the successful completion of your training, handlers will submit paperwork to register their dog as a therapy dog.

I, _____ (name) understand the time and financial commitment involved with becoming an OSF Saint Anthony certified dog/handler. I understand that my services will be exclusive to OSF Saint Anthony Medical Center. I also understand that my dog must receive annual vaccinations and be on year round heart guard and flea protection. I fully accept all the terms and conditions stated above.

Signature

Printed Name

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information on this application is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for a volunteer position and may result in discharge even if discovered at a later date.

I understand that as part of the application process, that a criminal background check may be conducted. I understand that OSF Saint Anthony Medical Center is not obligated to provide placement, nor are you obligated to accept a position if one is offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

Signature _____

Date _____

Complete and send to:
Theresa Geraci, RN, BSN
Animal-Assisted Coordinator
OSF Saint Anthony Medical Center
5666 E. State Street
Rockford, IL 61108