



## Volunteer Application

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP CODE

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
WORK/DAYTIME PHONE

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMERGENCY CONTACT & RELATIONSHIP TO YOU

\_\_\_\_\_  
PHONE NUMBERS

Would you be willing to have a background check? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list one (1) personal and one (1) business or volunteer-related character reference, not related to you, whom we may contact:

1. \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER and EMAIL

2. \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER and EMAIL

## Paws with Compassion Volunteer Registration

(Please fill this section out for each dog you would like to work with the Paws with Compassion Team. Please note you will be asked to send proof of health and training information once your application is received)

\_\_\_\_\_  
DOG'S NAME

\_\_\_\_\_  
BREED

\_\_\_\_\_  
SEX OF DOG

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
AGE

\_\_\_\_\_  
HOW LONG HAS DOG LIVED WITH YOU?

\_\_\_\_\_  
SPAYED/NEUTERED?

\_\_\_\_\_  
DATE OF LAST RABIES VACCINATION

\_\_\_\_\_  
NAME OF VETERINARIAN

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
NAME OF PET THERAPY ORGANIZATION DOG IS REGISTERED WITH (PET PARTNERS, THERAPY DOGS INC, ETC)

\_\_\_\_\_  
DATE REGISTRATION EXPIRES

\_\_\_\_\_  
REGISTRATION #

DESCRIPTION OF ANY FORMAL OBEDIENCE TRAINING DOG HAS HAD (WHERE, LEVEL COMPLETED, ETC.).  
PLEASE USE BACK OF THIS SHEET IF NECESSARY.

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WHY IS YOUR DOG A SUITABLE CANDIDATE FOR A K9 CRISIS RESPONSE TEAM (for teams wanting to do both therapy and crisis response):

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Paws with Compassion  
Volunteer Registration

IS YOUR DOG ON REGULAR MONTHLY FLEA PREVENTATIVE TREATMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

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IF YES, WHAT PRODUCT?

DOES YOUR DOG HAVE ANY SIGNIFICANT CURRENT MEDICAL CONDITIONS?  
YES \_\_\_\_\_ NO \_\_\_\_\_

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IF YES, WHAT ARE THEY AND HOW DO THEY AFFECT YOUR DOG?

DOES YOUR DOG TAKE MEDICATION (OTHER THAN MONTHLY HEARTWORM PREVENTATIVE) REGULARLY?  
YES \_\_\_\_\_ NO \_\_\_\_\_

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IF YES, WHAT KIND OF MEDICATION DOES YOUR DOG TAKE?

HAS YOUR DOG **EVER** SHOWN AGGRESSION (BARK ANGRILY, GROWL, LUNGE, SNAP, BITE) AT ANOTHER DOG?  
YES \_\_\_\_\_ NO \_\_\_\_\_

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IF YES, PLEASE EXPLAIN.

AT A PERSON? YES \_\_\_\_\_ NO \_\_\_\_\_

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IF YES, PLEASE EXPLAIN, INCLUDING INFORMATION ABOUT PERSON (AGE, SEX, ACTIVITY ETC)

Are you willing to commit to the time necessary to prepare your dog for this specialized crisis team?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to commit to maintenance training for your therapy dog and/or crisis response dog?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**(Please feel free to answer the following questions as fully as you feel necessary. If you need additional space, please feel free to answer on a separate sheet and attach to this application.)**

**About Your Interest in Paws with Compassion:**

Describe why you are interested in becoming part of our group:

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Please tell us about any experience(s) and or training you may have (employment history, volunteer work, and education, personal experiences) which you think may be helpful to you as a Paws with Compassion volunteer:

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Are you willing to commit to training for *yourself* in preparation for work as a member of Paws with Compassion?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Release of Liability

I (we) agree to hold this organization, its members, directors, officers, agents, owners or lessor of the premises and any employees of the aforementioned parties harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in, on, or near any facility grounds while providing service to this organization. I (we) personally assume all responsibility and liability for any such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, death or otherwise, and from any claim for damage or injury to the dog whether such loss, disappearance, theft, damage or injury be caused or alleged to be caused by the negligence of this organization or any of the parties or facilities aforementioned or by the negligence of any other person, or by any other cause or causes. I (we) hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves) or on account of damage to property arising out of or in consequence of my (our) participation in furthering this organization's mission howsoever such injuries, death or damage to property may be caused, and whether or not the same may have been caused or may be alleged to have been caused by negligence of the aforementioned parties or any of their employees, or agents, or any other person.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Thank you for completing this application. Please read and sign below:**

The information I have provided in this application is true and complete to the best of my knowledge. If selected as a member of Paws with Compassion, I agree to: participate in training, test and keep my dog registered with a therapy dog organization, attend in-service meetings, and keep my dog active in therapy dog work. I will hold as absolutely confidential all information that I may obtain directly or indirectly concerning victims, survivors, emergency personnel, patients, residents, students, staff or clients with whom I visit. My services and those of my registered crisis response dog will be donated to without contemplation of compensation. I realize when funds are available, Paw with Compassion will offer reimbursement for travel and other expenses. Other times the costs of travel, housing, etc. will be paid by the volunteer. I will seek fundraiser opportunities to help costs associated with therapy dog and crisis response work.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit application to:

Laurie Schlossnagle

[laurie@pawswithcompassion.org](mailto:laurie@pawswithcompassion.org)

1384 E. Jeff Street  
Layton, UT 84040

Or

Linda Alberda

[linda@pawswithcompassion.org](mailto:linda@pawswithcompassion.org)

6304 Longspur Road  
Highland Heights, OH 44143