



"Honoring Our Elders"

3117 47th Street
 Sarasota, FL 32434
 Office: (941) 358-2225

www.pet-therapy.org

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Volunteer Registration Form

Volunteer Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Name of Employer: _____
 Daytime Phone #: _____ Evening Phone #: _____
 Best Time to Call: _____

Availability:

Please Indicate with a check mark the day(s) and times you are available:

| | Mon. | Tues. | Wed. | Thurs. | Friday | Sat. | Sunday |
|---------|------|-------|------|--------|--------|------|--------|
| 10:00am | | | | | | | |
| 11:00am | | | | | | | |
| 12:00pm | | | | | | | |
| 01:00pm | | | | | | | |
| 02:00pm | | | | | | | |
| 03:00pm | | | | | | | |
| 04:00pm | | | | | | | |
| 05:00pm | | | | | | | |

Consistency is extremely important! What can you commit to?:

Weekly: ___ Monthly: ___

Areas you are interested in volunteering:

- Pet Visits - Assisted Living Facilities(ALF)/Nursing Homes
 Location you prefer? _____
- Pet Visits - Take another person's animal to Hospitals/ALF/Nursing Homes
 Would you prefer? Designated Area Visitation Room-to-Room Visitation
- Volunteer - Pet Bathing/Grooming
- Volunteer - Office Help(clerical/phone calling/mailings etc.)
- Volunteer - Fund Raising(special events etc.)
- Volunteer - Phone Contact(calling volunteers etc.)
- Volunteer - Volunteer Recruitment
- Volunteer - Board Member
- Volunteer - Team Captain/Managers

Name: _____
 Breed? _____ Sex: _____ Age: _____
 Where did you get your pet? _____
 How long have you owned your pet? _____
 Has your pet had any obedience training? _____
 Have you had any obedience training? _____
 Does your pet do any tricks? _____
 Has your pet shown aggression toward another person or animal? _____
 If yes, please explain _____

 Does your pet shed? _____
 Could your pet be handled by another individual? _____
 Would you agree to have your pet cleaned prior to each visit? _____

What is your veterinarian's... Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: _____

Would you be willing to arrange for your own veterinarian to evaluate your pet, using our disposition evaluation release form, to qualify for pet therapy? _____

***** **Volunteer Release Form** *****

I, _____, understand that **Pet Therapy, Inc.** is a non-profit volunteer program to help **Honor Our Elders**, by providing love through pets, children and adults. I release Pet Therapy, Inc. from any responsibility due to injury or loss to myself and or youngster(s) or pet(s): occurring as a result of participating in Pet Therapy, Inc. scheduled visits to any care facility.

Youngster's Name: _____
 Youngster's Name: _____

Pet's Name: _____ Breed/Sex: _____
 Pet's Name: _____ Breed/Sex: _____

I give Pet Therapy, Inc. permission to publish, or use for the public relations purposes any photo taken of me and or my pet (s) during a nursing home or scheduled photo shoot.

If I choose to have my youngster ride with a volunteer to and from a nursing home / assisted living facility, I accept responsibility that this is a personal arrangement / agreement made between myself and the other Pet Therapy volunteer as an individual and hold Pet Therapy, Inc. harmless.

Signed: _____ Date: _____
 Printed Name: _____

Thank you for your cooperation! Your help enables us to provide nursing home patients a pleasant stay and meaningful recovery. We, and they appreciate your help.