

VOLUNTEER APPLICATION



I. PLEASE TELL US ABOUT YOURSELF:

Name: _____

Home Address: _____ City and Zip: _____

Profession: _____

Business Address: _____

Telephone: (Cell) _____ (Home) _____ (Office) _____

E-Mail: _____

Foreign Languages: _____ Sign Language: _____

Other Volunteer Experience, if any: _____

How did you hear about **CANINE THERAPY CORPS**? _____

What you would like to do for **CANINE THERAPY CORPS**:

- Volunteer in a program with a dog
 - Volunteer in a program without a dog
- Please describe your dog handling experience, if any:*
- _____
- _____
- _____

- Recruit volunteers or plan volunteer activities
- Marketing/Public Relations
- Fundraising
- On-site program evaluation
- Newsletter

We work with a variety of populations in our programs. Is there a group or groups you would prefer to work with?

- | | |
|--|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Social/Emotional challenges |
| <input type="checkbox"/> Children/Young Adults | <input type="checkbox"/> Physical challenges |
| <input type="checkbox"/> No preference | <input type="checkbox"/> Multiple disabilities |
| | <input type="checkbox"/> No preference |

WE PROVIDE DIRECT SERVICE TO ADULTS AND CHILDREN IN MANY DIFFERENT FACILITIES. SOME FACILITIES, ESPECIALLY THOSE SERVING CHILDREN, MAY, AT THEIR EXPENSE, REQUIRE YOU TO SUBMIT TO A CRIMINAL BACKGROUND CHECK AND/OR MEDICAL TESTS. YOUR CHOICE OF PROGRAMS MAY BE IMPACTED BY YOUR WILLINGNESS TO UNDERGO THESE CHECKS/TESTS.

When you are available to volunteer (check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Monday (day) | <input type="checkbox"/> Monday (evening) |
| <input type="checkbox"/> Tuesday (day) | <input type="checkbox"/> Tuesday (evening) |
| <input type="checkbox"/> Wednesday (day) | <input type="checkbox"/> Wednesday (evening) |
| <input type="checkbox"/> Thursday (day) | <input type="checkbox"/> Thursday (evening) |

What is your preferred method of communication?

_____ Email
_____ Text message
_____ Phone call

II. PLEASE TELL US ABOUT YOUR DOG, IF YOU HAVE ONE:

Name: _____ Breed: _____ DOB/Sex: _____ / _____

Do you have other pets at home? If so, please describe: _____

Is your dog comfortable with other pets at home and outdoors? Yes _____ No _____ If no, please explain: _____

Has your dog had obedience training with a professional trainer? Yes _____ No _____

Please note: A 6-week obedience class is required before taking CTC's certification test.

If yes, what level? Beginner _____ Intermediate _____ Advanced _____ Group lessons? _____ Private lessons? _____

When was your last training session? _____

If you used a trainer, please provide the name: _____

Did you train your dog on your own? Yes _____ No _____

If you trained your dog, have you had obedience training with another dog in the past 10 years? Yes _____ No _____

Has your dog been trained for personal or property/premises protection? Yes _____ No _____

Does your dog have his/her Canine Good Citizen or other credentials? Please describe: _____

III. ADDITIONAL INFORMATION, RELEASE AND SIGNATURE

Please provide us with an emergency contact:

Name: _____ Relationship: _____

Telephone: (Day) _____ (Evening) _____ (Cell) _____

We do not share our mailing list with other organizations. May we share your contact information with other **CANINE THERAPY CORPS** volunteers? Yes _____ No _____

RELEASE STATEMENT

I, on my behalf and on behalf of my family, heirs, partners, successors and assigns, hereby release and forever hold harmless **CANINE THERAPY CORPS, Inc.**, its officers, directors, employees, successors or assigns, from any and all claims, damages, liabilities, actions or causes of action, whether known or unknown, resulting from my involvement with, or volunteering for, **CANINE THERAPY CORPS, Inc.**

I understand that if my dog passes the **CANINE THERAPY CORPS** Therapy Dog Certification Test, he/she is certified to work in **CANINE THERAPY CORPS** programs only and this certification does not allow my dog to be treated as a service dog in public spaces.

Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO:

CANINE THERAPY CORPS, Inc.
3918 West Fullerton Avenue
Chicago, Illinois 60647
info@caninetherapycorps.org
773.404.6467
773.404.6759 (fax)



ALL VOLUNTEERS ARE REQUIRED TO ATTEND AN ORIENTATION SESSION, WHICH WILL FAMILIARIZE THEM WITH OUR VOLUNTEER GUIDELINES AND OPPORTUNITIES.