

Animal-Assisted Therapy Volunteer Application

EDWARD

GENERAL INFORMATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Cell/Pager: _____ Email (Required): _____

Occupation: _____ Employer: _____

How did you hear about the program? _____

Have you ever done dog therapy work? (With your current dog) YES NO

Where? _____

Are you currently Dog/Therapy Certified: YES NO

If yes, by whom? _____ Date of Certification: / /

DOG INFORMATION

Dog Breed: _____ Age: _____

Dog Birth Date: _____ Name: _____

Male or Female (circle one) Neutered: YES NO Weight: _____

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: _____ Heartguard Brand: _____

Veterinarian: _____ Phone: _____

Does your dog live with you? YES NO

How long? _____

Please include a written paragraph on why you are interested in participating in this type of program.

VOLUNTEER SHIFTS

All volunteers will be required to work minimally once every other week.

We currently have the following shifts: (Please circle all that apply)

Saturday	9:30-11:30 AM	Wednesday	9:30-11:30 AM
Sunday	9:30-11:30 AM	Wednesday	2:00-4:00 PM
Monday	2:00-4:00 PM	Thursday	6:30-8:30 PM
Monday	6:30-8:30 PM	Friday	9:30-11:30 AM
Tuesday	2:00-4:00 PM	Friday	6:30-8:30 PM

How much would you like to volunteer?

_____ Number of days/week _____ Number of days/month

Are you a year around resident at the address listed above? YES NO

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 is \$30.00 made payable to the Edward Foundation. All donations are 100% tax-deductible. If you and your dog are selected to participate in our program, you will need to provide proof of current vaccinations. Handlers and their dogs will then attend a 4-day intensive training and certification course. We are asking participants to incur a portion of our costs for training. The total trainers' fee per team is \$300. Your portion is \$125.00; the hospital will pay the remaining \$175.00. As a result, your services will be contracted exclusively to Edward Hospital. Following the successful completion of your training and certification, handlers will submit paperwork and the following fees to Therapy Dog, Inc for your therapy registration. There is \$10 one-time processing fee and \$25 annual membership fee.

I, _____ (name) understand the time and financial commitment involved with becoming an Edward certified dog/handler. I understand that my services will be exclusive to Edward Health and Services. I also understand I am required to fulfill all of the veterinarian requirements outlined in the pet requirements. I fully accept all the terms and conditions stated above.

Signature

Printed Name

ANIMAL-ASSISTED THERAPY BASIC QUALIFYING REQUIREMENTS

Your dog should consistently perform the following commands. These should be accomplished with one command... "dog sit" and the dog puts his rear on the ground.

- > sit on command
- > down on command
- > stay and recall on command
- > walk loosely on a leash without pulling, even when excited
- > get along well with other dogs
- > able to perform these commands without treats

Other requirements:

- > Your dog should like people
- > Not be overly vocal
- > Your dog needs to be at least one year of age
- > Handlers must be 18 years or older
- > Dogs must be up to date on all vaccinations (we do not accept titers)
- > Dogs must be free of all skin problems

*** Prong collars and gentle leaders are not acceptable**

Complete and send to:

Lynn Raymer
Edward Hospital
2473 Sun Valley Rd.
Lisle, IL

If you have additional questions or need a referral to a good obedience trainer to brush up on skills, please contact Patty Kaplan, RN, BSN, Program Director at (630)527-7335 or (630) 292-9222 or Lynn Raymer at 630-983-6014.

Thank You.