



Palos Community Hospital Wags Animal-Assisted Therapy Volunteer Application

Before you apply please view the qualifications for a therapy dog on the dogbuilders.com website. This site is run by our trainers who conduct the temperament test. This will help prepare you for our selection process.

GENERAL INFORMATION

Date: _____ Referred by: _____

Name: _____ Birth date: _____

Address: _____ Marital Status: M S W D

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Cell/Pager: _____ Email (Required): _____

Occupation: _____ Employer: _____

Please List previous work experience: _____

Do you speak a second language? YES NO

If yes, language(s) _____

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: / /

REFERENCE: (NOT A RELATIVE PLEASE)

Name: _____ Relationship _____ Phone: _____

Address: _____ City _____ Zip Code: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

DOG INFORMATION

Dog Breed: _____ Age: _____ Weight _____

Dog Birth Date: _____ Name: _____

Male or Female Spayed/Neutered YES NO Age when spayed/neutered: _____

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

Please check () the days you are available to volunteer:

Sunday	<input type="checkbox"/>	9:30-11:30 AM	Thursday	<input type="checkbox"/>	9:30-11:30 AM
Monday	<input type="checkbox"/>	9:30-11:30 AM	Friday	<input type="checkbox"/>	6:30-8:30 PM
Tuesday	<input type="checkbox"/>	2:00-4:00 PM	Saturday	<input type="checkbox"/>	2:00-4:00 PM
Wednesday	<input type="checkbox"/>	6:30-8:30 PM			

A minimum requirement for volunteering is two shifts per month to keep your dog skilled at patient visits.

I can work two shifts per month I would like to work more than twice a month

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

How did you hear about the Wags Program? _____

TRAINING COMMITMENT

Select qualified applicants will be invited to have their dogs tested for program eligibility. You will be notified of the next scheduled testing date. The cost for this is \$15.00. Your check should be made payable to the corporation through which our therapy dogs are certified: Bright and Beautiful Therapy Dogs, Inc. Please bring to this test **paper** proof of current rabies vaccination. If you and your dog pass this certification analysis administered by expert therapy dog evaluators, you will be eligible to become a certified Wags therapy team at Palos Community Hospital. Selected teams will be required to attend a 3 day intensive training and certification program given at the hospital (all on weekend days). 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 Palos Community Hospital. Following the successful completion of your training, you must submit paperwork and a \$35 fee to Bright and Beautiful Therapy Dogs, Inc. for your therapy certification. **All fees are 100% tax-deductible.**

I, _____, (name) understand the time and financial commitment involved with becoming a Palos Community Hospital certified dog/handler volunteer. I understand that my services will be exclusive to Palos Community Hospital. I also understand that I am mandated to give permission for a criminal background check according to the HealthCare Worker Background Check Act. 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... "sit" and the dog will sit down.

- > sit on command
- > down on command
- > stay and recall on command
- > walk loosely on a leash without pulling
- > 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
- > Dogs must be free of all skin problems

*** Treats or Prong collars and gentle leaders are not acceptable during temperament testing.**

Complete application and send to:

Wags - Animal Assisted Therapy
Palos Community Hospital
12251 S. 80th Avenue
Palos Heights, IL 60463

Or Fax it to:

(708) 923-5399

If you have additional questions please leave a message at **(708) 923-5593** or **Fax (708) 923-5399**.