



Loving Animals Providing Smiles

Bringing acceptance, laughter and love into the lives of others.

Volunteer Application

(Please complete all sections of this form. Please print clearly.)

Section I - Handler Information

Date _____

Name _____

Address _____

City / State / Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Occupation _____

How did you hear about Loving Animals Providing Smiles? _____

Have you done volunteer work before? Please describe. _____

Have you applied to / or been a member of any other animal-assisted therapy group? If yes, which one(s)? _____

Please tell us why you would like to participate in this organization? _____

Your safety is our concern. Do you have any restrictions or special consideration that could affect the type of therapy programs you attend? If so, please describe: _____

What is your experience living and/or working with animals? _____

Section II - Pet Information

Your pet's name _____

Species / Breed / Description _____

Pet's Age _____ Pet's Weight _____ Pet's Sex _____ Altered Intact

Veterinarian (name and phone) _____

Where did you get your pet? (e.g., pet shop, animal shelter, breeder) _____

How long have you owned this animal? _____

How old was the animal when you got it? _____

Please describe the socialization history of your pet. (e.g., How and when did you begin? What have you done? What places has your pet visited? etc.) _____

What are your pet's special skills, talents and interests? _____

Has your animal received any special awards? If so, please describe: _____

In the animal's upbringing, has he/she had any unpleasant experiences with adults, children, crowds or other animals. (e.g., Tail pulling, hit with newspaper, dog fights, etc.) Please explain: _____

What is the animal's experiences and reaction when he/she meets the following:

Adults

Positive Reaction: _____

Negative Reaction: _____

Children

Positive Reaction: _____

Negative Reaction: _____

Crowds

Positive Reaction: _____

Negative Reaction: _____

Other animals

Positive Reaction: _____

Negative Reaction: _____

Please complete the following phrase:

"My pet may have an aggressive or uncomfortable reaction when . . ." _____

Describe what he/she does when "uncomfortable". _____

Please describe any physical or medical restrictions for your pet.

(e.g., Epilepsy, arthritis or medications pet receives on a regular basis.) _____

Why do you think your pet would be a good therapy animal? _____

If you are applying with a dog - please fill out the following information:

Is your dog housebroken? yes no

Can your dog perform the following basic obedience commands consistently, without physical restraint, and in a distracting setting outside the home?

Sit, down, walk easily on leash, and stay in place? yes no

If no, please clarify: _____

Did you attend formal obedience classes together? If so, please complete the following:

Level	Graduate yes / no	General Dates Attended	Description of commands learned & Trainer / Business Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you and your pet *did not* attend formal obedience classes together, please list/describe informal training you have done with this pet.

Has your dog received any special training? (e.g., protection, herding, service, etc.) yes no

If yes, please describe. _____

Has your dog ever been in a dog fight and/or bitten another dog? yes no

If yes, please explain: _____

Section III - Volunteer Commitment

Each Therapy Team *must* participate in a minimum of two (2) therapy programs within each month to remain active with our organization.

When making this commitment, please note the following:

- Many of our clients have special needs and require attending staff at the time of our visits. This causes some Loving Animals Providing Smiles' therapy programs to occur during the weekday at standard office or early evening hours.
- Consider your schedule to include the time to bathe and groom your pet, plus commuting to and from a therapy program.
- Quality animal-assisted therapy requires a significant time commitment for ongoing training throughout the year. Please consider your long-term interest and schedule to allow for extra time to work with your pet outside of therapy programs.

Based on your schedule, please note the times you have available to devote to therapy programs.

(Please mark ALL that apply.)

- | | |
|----------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Weekday mornings (9:00 am - 12:00 pm) | <input type="checkbox"/> Weekday afternoons (12:30 pm - 4:30 pm) |
| <input type="checkbox"/> Weekday evenings (5:00 pm - 7:30 pm) | <input type="checkbox"/> Weekend daytime (9:00 am - 4:00 pm) |

Which days of the week and times of the day would be **BEST** for you to attend therapy programs?

Which of the above will be **IMPOSSIBLE** for you to attend therapy programs?

Because Loving Animals Providing Smiles is a nonprofit, self-sustaining, volunteer organization each member helps with ongoing group activities, fund raising, and promotional events. What areas of interest and/or skills can you contribute to LAPS:

- | | | | |
|------------------------------------------|----------------------------------------|--------------------------------------|-----------------------------------------|
| <input type="checkbox"/> AAT Experience | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Writing | <input type="checkbox"/> Computer / Web |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Media Contact | <input type="checkbox"/> Photography | <input type="checkbox"/> Pet Training |
| <input type="checkbox"/> _____ | | | |

What is a good time to call you? (Please give at least two days AND times we can regularly reach you.)

Signature

Date

Thank you for your interest in joining Loving Animals Providing Smiles.

Please return this completed application and a copy of your pet's current vaccination records to:

P.O. Box 6596, Napa, CA 94581.

One of our volunteers will contact you soon.