



**Thank you for your interest in Therapy Dogs United, Inc.**

Please fill out the following application, so we can get to know you a little better.

**CERTIFIED THERAPY DOG TEAM – AND GENERAL VOLUNTEER INFORMATION**

Is your dog child-friendly, respectful, under verbal control and reliable? Are you community minded and empathetic - and do you have time to volunteer on a regular basis? If you and your dog answer **yes**, please complete our volunteer application below.

Don't have a dog, but want to help? Or, you have a dog, but don't think he or she is a likely therapy dog candidate? **Therapy Dogs United, Inc. still needs YOU.** We need help with special events, volunteer recruitment, our newsletter (print and electronic), and administrative help in the office. We also use volunteers without dogs to help our program leaders, to occasionally handle a volunteer's second dog or the program leader's dog, and to collect information about our work. We also need volunteers to teach school-aged children canine safety, responsibility and humanity. Please complete the volunteer application below and let us know what your special talents and interests are.

**Please Tell Us About Yourself:**

**TODAY'S DATE:** \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Do you speak a foreign language?** YES NO If Yes, what? \_\_\_\_\_

**Do you know sign language?** YES NO

**How would you like to help Therapy Dogs United, Inc.? Please check all that apply.**

- Volunteer in a program with a dog
- Volunteer in a program without a dog
  
- Teach our PACKS Program – dog bite prevention, safety and animal compassion
- Administrative Support (mailings, help in the office)
- Help recruit volunteers, plan volunteer activities
- Help train/evaluate dogs, assist with various dog training programs
- Marketing, Public Relations
- Fundraising, Special Events (parties, parades, etc.)
- On-site Program Observation and Evaluation
- TDU's Puppy Raiser Program

**How did you hear about Therapy Dogs United, Inc. and why do you want to work with us?**

**Tell us about your prior volunteer experiences. Do you have any experience in working with disabled individuals? If so, please specify children, young adults, adults or seniors.**

**If you plan to volunteer with a dog, do you prefer working with children or senior citizens? If children, do you have your PA ACT 33 (Child Abuse) Clearance?**

\_\_\_\_\_ Kids    \_\_\_\_\_ Seniors    \_\_\_\_\_ Yes, Act 33 Clearance    \_\_\_\_\_ No, Act 33 Clearance

**Please comment here if you have any additional comments, questions or suggestions regarding this application:**

**Part Two - Tell Us About Your Dog**  
(Skip this if you did not select "Volunteer in a program with a dog")

DOG'S NAME: \_\_\_\_\_

DOG BREED: \_\_\_\_\_

DOG GENDER: \_\_\_\_\_

DOG BIRTHDAY: \_\_\_\_\_

SPAYED – NEUTERED?      YES                  NO

VETERINARIAN'S NAME: \_\_\_\_\_

**Behavior Questions**

Does your dog understand hand signals?

Yes     No

Does your dog get along with people?

Yes     No

Does your dog get along with other dogs?

Yes     No

Is your dog shy/nervous around large crowds?

Yes     No

Do you consider your dog reliable on "sit/stay" and "down/stay" commands in distracting conditions?

Yes     No

Is your dog under reliable control off-lead?

Yes     No

Has your dog had formal obedience training?

Yes     No

Please list any special tricks your dog performs, if any:

**Availability**

Please give us an idea of your availability:

\_\_\_\_\_ Weekday Mornings                      \_\_\_\_\_ Weekday Afternoons                      \_\_\_\_\_ Weekday Evenings  
\_\_\_\_\_ Weekends                                      \_\_\_\_\_ Anytime                                      \_\_\_\_\_ Other: \_\_\_\_\_

**Preferred Location(s)**

\_\_\_\_\_ Fairview, Girard, Lake City                      \_\_\_\_\_ Millcreek                                      \_\_\_\_\_ City of Erie  
\_\_\_\_\_ Wesleyville, Harborcreek, Greene Twp., North East                      \_\_\_\_\_ Edinboro, Albion  
\_\_\_\_\_ Summit, Waterford, Union City, Cambridge Springs                      \_\_\_\_\_ Crawford County  
\_\_\_\_\_ Buffalo, New York Area                      \_\_\_\_\_ Other: \_\_\_\_\_

**Preferred Visit(s)**

\_\_\_\_\_ Schools                      \_\_\_\_\_ Senior Centers, Retirement Homes, Assisted Living Centers  
\_\_\_\_\_ Hospitals, Rehab Facilities, Hospice                      \_\_\_\_\_ Public Libraries, Book Stores  
\_\_\_\_\_ At-Risk Facilities (homeless shelters, youth homes, trauma or bereavement center)  
\_\_\_\_\_ Other: \_\_\_\_\_

Please check here if you want Therapy Dogs United, Inc. to send you the test reservation form along with our informational packet. Please indicate if you prefer Email or Mail:

\_\_\_\_\_ EMAIL                                      \_\_\_\_\_ US MAIL

If you check this option, TDU will send you our test reservation form along with the test prep materials. You can return the reservation form and \$35 testing fee when you and your dog feel ready to test! We host our therapy dog evaluations on a monthly basis.

Please return this application to:

**THERAPY DOGS UNITED, INC., 1940 West 8<sup>th</sup> Street, Erie, PA 16505**

**(814) 456-DOGS (3647) or Email [pat@therapydogsunited.org](mailto:pat@therapydogsunited.org) - [www.TherapyDogsUnited.org](http://www.TherapyDogsUnited.org)**