



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

Please fill out this 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, obedient under verbal control and reliable? Are you community minded and empathetic? Do you have time to volunteer on a regular basis? If you answer **yes**, please complete and return our volunteer application below.

Don't have a dog, but still want to help? Or - 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 and administrative duties in our Erie office. We also use volunteers without dogs to assist our program leaders, collect information about our onsite visits and to assist with fundraising events. 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 in various dog training programs, help at therapy dog testing

Marketing, Public Relations

Fundraising, Special Events (parties, parades, fundraising events, 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 you prefer working with children, do you have a recent PA 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 section if you selected "Volunteer in a Program without 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 On Call

Preferred Location(s)

- Erie County
- Meadville / Crawford County
- Mercer County
- Greater Pittsburgh Region: Please specify township/area(s)

- Greater Buffalo area: Please specify township/area(s)

- Jamestown, New York
- Warren County PA
- Other: _____

Preferred Facility to Visit(s)

- School/Reading Program Senior & Retirement Center, Assisted Living
- Hospital, Rehab Facility, Hospice Public Libraries, Book Stores
- At-Risk Facilities (homeless shelters, youth homes, trauma or bereavement center)
- Court/Legal System College/University Employer Distresser
- Disaster Relief Public Gatherings
- Other: _____

Please choose the best way for Therapy Dogs United, Inc. to reach you to discuss options:

_____ CELL/HOME _____ EMAIL

Please scan and Email this application to
therapydogsunited@gmail.com

or Mail:

THERAPY DOGS UNITED, INC., 1932B West 8th Street, Erie, PA 16505

(814) 456-DOGS (3647) ~ www.TherapyDogsUnited.org