



Please return this form to:  
**CGH Medical Center**  
**Attn: Deb Keaschall**  
**Love on a Leash Coordinator**  
**100 East LeFevre Road**  
**Sterling, IL 61081**

## **ANIMAL-ASSISTED THERAPY VOLUNTEER APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street) (City, State, Zip)

Are you a year-round resident at the address listed above?  Yes  No

Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Email (Required) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Have you ever done dog therapy work? (With your current dog)  
 Yes, where? \_\_\_\_\_  No

Are you currently Dog/Therapy Certified?  
 Yes, by whom? \_\_\_\_\_ Date of certification: / /  No

### **Dog Information:**

Dog Name \_\_\_\_\_ Breed \_\_\_\_\_

Dog Birth Date \_\_\_\_\_ Weight \_\_\_\_\_

Male  Female **Neutered?**  Yes  No

Has your dog attended any obedience classes?  Yes  No

If yes, where and what level was completed: \_\_\_\_\_

Is your dog currently on year-round flea protection?  Yes  No

What brand? \_\_\_\_\_ Heartguard brand: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Veterinarian phone: \_\_\_\_\_

Does your dog live with you?  Yes  No

### Volunteer Availability

All volunteers will be required to visit a minimum of two times per month. Visits may be conducted any day of the week.

- Morning shift begins at 11:00 am
- Afternoon shift begins at 1:30 pm
- Evening shift begins at 6:00 pm

### 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.

Handlers and dogs chosen for this program must attend a mandatory 2-day intensive training and certification course. As a result, your services will be contracted exclusively to CGH Medical Center. Following the successful completion of your training and temperament testing, handlers will submit necessary paperwork, and a \$5 fee will be charged to join the CGH Auxiliary and become a CGH Medical Center volunteer.

*I \_\_\_\_\_ (name), understand the time and financial commitment involved with becoming a CGH certified dog/handler. I understand that my services will be exclusive to CGH Medical Center. I also understand that my dog must receive annual vaccinations and be on year-round heart guard and flea protection. I fully accept all the terms and conditions stated above.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

### CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

*I hereby affirm that the information on this application is true and complete. I understand that my false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration as a volunteer position and may result in discharge even if discovered at a later date.*

*I understand that as a part of the application process, a criminal background check may be conducted. I understand that CGH Medical Center is not obligated to provide placement, nor am I obligated to accept a position if one is offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.*

Signature \_\_\_\_\_

Date \_\_\_\_\_