

CGH Medical Center

CGH THERAPY DOG PROGRAM

Seeking a Few TOP DOGS!



To be considered:

- Handlers must be 18 years of age.
- Refer to the box below for requirements for the dog.
- Visit www.cghmc.com/dogs to complete the online application
- Return application to CGH Medical Center.
- Applicants will be contacted for a telephone pre-screening.

The next step:

- Those who meet qualification requirements will be scheduled for temperament testing.
- Testing dates at CGH Medical Center are: **July 27th and Aug 18th** (attendance only required at one testing date)
- **Please note: Walk-ins cannot be accommodated.**

If selected for the program:

- Dogs and their handlers must attend mandatory volunteer training and team training at CGH Medical Center
Training Date: To be determined

To be considered, dogs must meet the following requirements:

- Be at least one year of age
- Sit/down/stay/recall on command
- Walk loosely on a leash without pulling
- Get along well with other dogs
- Perform required commands without treats
- Like people
- Not be overly vocal
- Current on all vaccinations
- Free of skin problems
- Prong collars, gentle leaders, harnesses and retractable leashes are not acceptable

Handlers and their dogs are encouraged to have completed a group obedience training class within the past year as statistics show this increases the passing rate by 90%.

For more information, call CGH at 815-625-0400, extension 5618.



Please return this form to:
CGH Medical Center
Attn: Esther Salazar
CGH Therapy Dog Program
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 _____