



COMPANION ANIMAL ASSOCIATION OF ARIZONA, INC.
P.O. BOX 5006 • SCOTTSDALE, ARIZONA • 85261-5006 • (602) 258-3306

SOCIAL PET THERAPY PROGRAM APPLICATION

Volunteer Name(s) _____

Home Address _____

City _____ State _____ Zip Code _____

Major cross streets: _____

Phones: Cell _____ Home _____ Work _____

E-Mail Address _____

Where did you hear about our pet therapy program? _____

ABOUT YOU:

Occupation _____ Employer _____

IF YOU ARE CURRENTLY VOLUNTEERING FOR ANY OTHER ORGANIZATIONS, WITH OR WITHOUT YOUR PET, PLEASE LIST THE NAME OF THE ORGANIZATION(S) AND TYPE OF VOLUNTEER ACTIVITY:

WHY DO YOU WANT TO BE A PET THERAPY VOLUNTEER? _____

DO YOU HAVE ANY EXPERIENCE WITH HEALTH CARE FACILITIES, INCLUDING THOSE THAT SERVE DISABLED AND DEMENTIA RESIDENTS? YES _____ NO _____

If yes, explain: _____

WHICH DAYS OF THE WEEK WORK BEST FOR YOU TO VOLUNTEER? _____

HAVE YOU BEEN CONVICTED OR SERVED TIME FOR A FELONY? YES _____ NO _____ If yes, explain: _____

REFERENCES:

Please give the NAME, ADDRESS, CITY, AND PHONE NUMBER OF TWO (2) PEOPLE (Not related to you):

NAME _____ ADDRESS _____ CITY/STATE _____ PHONE _____

NAME _____ ADDRESS _____ CITY/STATE _____ PHONE _____

ABOUT YOUR PET:

NOTE: PLEASE ATTACH TWO (2) PHOTOS OF YOUR PET WITH COMPLETED APPLICATION
(One any size and one 1" x 1-1/2" Head Only – if only digital is available, we will provide an email upon application receipt)

PET NAME _____ BREED _____ BIRTH DATE OR AGE _____

SEX OF PET (Circle Appropriate) : FEMALE • SPAYED • MALE • NEUTERED • WEIGHT _____

(For Cats Only) DECLAWED ? YES _____ NO _____

HAS YOUR PET HAD OBEDIENCE TRAINING? YES _____ NO _____ • IS YOUR PET LEASH TRAINED? YES _____ NO _____

HAS YOUR PET PASSED A CANINE GOOD CITIZEN (CGC) ? YES _____ NO _____ When? _____

IS YOUR PET GOOD WITH STRANGERS, CHILDREN, MEN, WOMEN, OTHER DOGS/ANIMALS? YES _____ NO _____

If not, please explain:

HAS YOUR PET SHOWED SIGNS OF AGGRESSION TOWARDS ANYONE OR THING? YES _____ NO _____

If yes, please explain:

LIST THINGS THAT UPSET YOUR PET: _____

To the best of my knowledge, the statements contained in this application are true and accurate. I authorize CAAA and or its' agents to investigate all statements in this application as may be necessary on arriving at a decision regarding my application to serve as a CAAA Pet Therapy Volunteer. I understand that while General Membership to Companion Animal Association of Arizona, Inc. is open to anyone, membership and participation in CAAA's Social Pet Therapy Program is limited to those individuals:

- Whose personal goals and/or reasons for wanting to participate do not overshadow, conflict, or divert focus from the program's mission or the community it serves
- Who provide evidence, during the application and orientation processes, that they and their pets are likely to be successful in fulfilling the essential functions of being a CAAA pet therapy volunteer and meet the associated qualifications. This includes their pets having the appropriate health, temperament, behavior and training to interact properly with CAAA's target audience and to meet standards for certification and insurance coverage.

I agree to follow all policies, regulations, guidelines, and the code of conduct for CAAA social pet therapy volunteers.

Signature

Date

Determination of whether individuals and their pets meet the requirements to participate in the CAAA pet therapy volunteer program, as well as availability of volunteer positions at any particular time, is made by the CAAA Officers and Board of Directors or their appointees.

<Do not write below—internal use only>

Meet and Greet date:

Place:

With:

Observation date:

Place:

With:

Certification test date:

Place:

Tester:

Facility assigned date:

Place: