



## THERAPY DOG TEAM PROGRAM

*For The Love Of Paws* provides peace of mind to senior citizens who can no longer care for their pet(s) due to being placed into Hospice, Memory Care, Assisted Living, Nursing Home or undergoing a medical issue and temporarily can not care for their pet(s) due to extended rehabilitation; as well as provide pet food through our Pet Food Pantry and Paws Meals On Wheels Program; and our Therapy Dog Team Program. We always welcome new volunteers and are delighted you are interested in helping out with our efforts.

Please take the time to complete this form and return it to the address above. After reviewing the information you provide, our volunteer coordinator will contact you regarding your time availability and the volunteer activities for which you expressed an interest.

Thank you for your interest in becoming a part of our group!

## CONTACT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work/Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\*Email: \_\_\_\_\_

\*By providing your email address, you are also giving us permission to add you to our Supporter & Volunteer email list. These lists are for *For The Love Of Paws Senior Pet Sanctuary Inc* use only. We will never sell them or give them to any other organization.

Would you agree to a background check: ( ) Yes ( ) No      Are you on Facebook: ( ) Yes ( ) No

Therapy Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Color/Marking: \_\_\_\_\_ Certified: ( ) Yes ( ) No  
Certified by who: \_\_\_\_\_ When: \_\_\_\_\_

## PERSONAL REFERENCE:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

.....  
Please sign here: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
.....

FTLOP Representative: ( ) Approved ( ) Not Approved (*Comments on back*)

Signature of FTLOP Representative: \_\_\_\_\_ Date: \_\_\_\_\_