FIRST RESPONDER THERAPY DOGS

Becoming an FRTD Therapy Dog Team
Overview & Certification Checklist

Thank you for your interest in joining First Responder Therapy Dogs (FRTD). Our mission is to support the behavioral health and wellness of first responders through the healing presence of certified therapy dogs. Teams visit with law enforcement, fire, EMS, dispatch, hospitals, and first responder organizations.

Before You Apply

- [ ] You are at least 18 years old
- [ ] Your dog is at least 18 months old
- [ ] Your dog has lived with you for at least 6 months

Certification Checklist

- [ ] Submit FRTD Volunteer Application
- [ ] Successfully complete Background Check
- [ ] Pass AKC Canine Good Citizen (CGC) Test (current within 2 years)
- [ ] Complete SAMHSA Service to Self Training
- [ ] Complete FEMA ICS-100
- [ ] Complete Psychological First Aid & Skills for Psychological Recovery
- [ ] Pass FRTD Behavior Assessment
- [ ] Submit Certificate of Health by your veterinarian
- [ ] Submit photo of you and your dog for FRTD ID badge
- [ ] Sign Volunteer Waiver
- [ ] Sign Confidentiality Agreement
- [ ] Pay Initial Certification Fee ($100)

- [ ] Additional handlers (adult family members) can certify by completing the certification process and paying $25 yearly.

Welcome to the Pack!

Once certified, you'll join a one-of-a-kind, nationwide community of therapy dog teams dedicated to bringing comfort, connection, and support to the first responders who protect our communities. We are honored you're considering becoming part of the FRTD family!

FIRST RESPONDER THERAPY DOGS

Volunteer Application

Handler Information

Name	
Address	
Phone #	
Email	

Dog Information

Name	
Breed	
Birthdate	
Gender	
Weight	
Girth of Chest	
	Social Media Accounts are not Required by FRTD
Instagram Handle	
Facebook Handle	
TikTok Handle	

General Information

Do you have Experience w/ First Responders?	Yes	No
If Yes, please explain		
Do you have previous experience doing therapy dog work?	Yes	No
If Yes, please explain		
Why do you want to work with First Responder Therapy Dogs?		

FIRST RESPONDER THERAPY DOGS

Waiver

I certify that I have read and understand First Responder Therapy Dog's Rules and Regulations and insurance coverage as set forth by First Responder Therapy Dogs. I agree to abide by these regulations when working with my dog when working with the First Responder Therapy Dogs name. My dog will wear the official First Responder Therapy Dogs vest and I will carry my official First Responder Therapy Dogs ID card. I shall not misrepresent my therapy dog as a service dog for the purpose of gaining public access to planes, restaurants, public buildings, stores, etc., or for any other reason. I agree to provide the annual veterinary care as set forth by First Responder Therapy Dogs.

Applicant Signature	
Printed Name	
Date	

FIRST RESPONDER THERAPY DOGS

Collar/Leash Agreement

I certify that I have read and understand that for the safety of the people we visit and the dogs, First Responder Therapy Dogs does not allow shock, prong, choke collars, or retractable leashes. I agree to abide by this and all other Visit Guidelines set forth by this organization when working with my dog and representing First Responder Therapy Dogs.

Applicant Signature	
Printed Name	
Date	

FIRST RESPONDER THERAPY DOGS

Volunteer Contract

Effective Date	
Volunteer Legal Name (AKA - The Volunteer)	
Address	
Phone Number	
Email	

&

Organization: First Responder Therapy Dogs AKA (The Organization)

Located at: P.O. Box 4387

San Rafael, CA 94913

Phone Number: 415-250-8107

Email: firstrespondertherapydogs@gmail.com

I, the above listed Volunteer, desire to work as a volunteer for The Organization and engage in the activities related to being a volunteer for a work project.

I hereby voluntarily, execute this Volunteer Waiver under the following terms:

FIRST RESPONDER THERAPY DOGS

I, the Volunteer, release and hold harmless the Organization and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with the Organization.

I understand that this Waiver discharges the Organization from any liability or claim that I, the Volunteer, may have against the Organization with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Organization's work site. I also fully understand that the Organization does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of the Organization beyond what may be offered freely by the representative of the Organization in the event of such injury or medical expense.

I hereby release the Organization from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the Organization.

I understand that my time may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Organization from all liability for injury, illness, death, or property damage resulting from the activities of my time with the Organization.

I grant unto the Organization all right, title, and interest in any and all photographic images and video or audio recordings that are made by the Organization during my work with the Organization, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of _____ in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of _____. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Volunteer Signature	
Printed Name	
Date	

FIRST RESPONDER THERAPY DOGS

Confidentiality Agreement

As a volunteer with First Responder Therapy Dogs, you have both a legal and ethical responsibility to protect the privacy of all first responders. All information that you see or hear regarding first responders, directly or indirectly, is completely confidential and must not be discussed or released in any form, except when required in the performance of your duties. If you have access to employee information, we expect you to treat such information in a confidential manner.

If you are unsure about the appropriate action concerning confidentiality, seek advice from your department supervisor.

I understand and agree that in the performance of my duties with First Responder Therapy Dogs, I must hold employee information and financial information in confidence as outlined above. I understand that any violation of confidentiality may result in disciplinary action including termination of my volunteer position and liability for civil damages.

Volunteer Signature	
Printed Name	
Date	

FIRST RESPONDER THERAPY DOGS

Requirements for Becoming a First Responder Therapy Dog Team

After completing the application, please complete this checklist, which includes additional steps required to join our team. Dogs who are 18 months of age and older are encouraged to apply. Additional information for each step is on the following page.

Once **ALL** items are completed, please submit along with all other required information by mail or email.

- □ Canine Good Citizen
  - o Must take and pass the AKC Canine Good Citizen Test (must be current within the past 2 years)

- □ Background Check
  - o Please email firstrespondertherapydogs@gmail.com
    - Your Full Legal Name and email to initiate process
    - Pay the Fee of $39 to the background check company online

- □ Complete Online Course Requirement
  - o SAMHSA Service to Self-Training Course
  - o Complete the ICS-100 (Introduction to the Incident Command System)
  - o Psychological First Aid and Skills for Psychological Recovery Course
  - o Send by mail or email completed certificates for all

- □ Behavior Assessment
  - o Assess your dog's behavior in 3 different real-life scenarios (send in observation form).

- □ Dog Health Certificate
  - o Have your vet complete the attached health certificate. A well-visit may be needed.

Volunteer Signature	
Printed Name	
Date	

FIRST RESPONDER THERAPY DOGS

Additional Information

- AKC Canine Good Citizen Test (must be completed within 2 years of certification)
  - Look up the testing criteria to pass the Canine Good Citizen Test
  - If your dog is ready to take the test, find an approved tester in your area HERE.
  - Sign up to take the test.
  - Submit passing paperwork along with all other required documents.

- Online Course Requirements
  - SAMHSA Service to Self-Training Course
    1. Go here to "Take The Course" (you should not need to register)
    2. Complete coursework and submit certificate of completion along with all other required documents.
  - ICS-100 (Introduction to the Incident Command System)
    1. Go HERE
    2. Complete coursework and submit certificate of completion along with all other required documents.
  - Psychological First Aid Course
    1. Go HERE
    2. Complete coursework and submit certificate of completion along with other required documents.
  - Skills for Psychological Recovery Course
    1. Go HERE
    2. Complete coursework and submit certificate of completion along with other required documents.

- Behavior Assessment (complete observation form on next page)

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Behavior Assessment

At First Responder Therapy Dogs (FRTD), the wellbeing of every therapy dog is our highest priority. Before certification, every team is required to complete the below Behavior Assessment developed by our advisory team of experienced dog trainers, behavior professionals, and therapy dog experts. The assessment evaluates whether a dog is comfortable, confident, and emotionally suited for environments commonly encountered while serving first responders.

Purpose

The assessment evaluates a dog's comfort in police departments, fire stations, emergency environments, and loud or unpredictable settings. The goal is not performance but ensuring our dogs genuinely enjoy the work.

The Three-Part Assessment:

- ☐ **Trash Truck Exposure:** Have dog remain calmly in a sit/stay or relaxed stand while a trash truck picks up and empties a garbage can. Be on the lookout and try to expose the dog to beeping sounds, commotion, and people in uniform.

- ☐ **Emergency Room Parking Lot:** Remain calm while standing/sitting for 15-20 minutes near an Emergency Department entrance during normal activity. Be on the lookout and try to expose the dog to flashing lights, sirens, and people in uniform.

- ☐ **Fire or Police Department Walkthrough:** Calmly walk/visit around an active station for 15-20 minutes. Be on the lookout and try to expose the dog to flashing lights, sirens, and people in uniform.

Behavior Indicators to look for:

- ☐ **Positive**: relaxed body posture, curiosity, neutral/wagging tail, willingness to engage, quick recovery.

- ☐ **Stress**: excessive barking, aggression, tucked tail, trembling, cowering, avoidance, inability to recover.

Our Commitment

A therapy dog should enjoy the work just as much as the people they serve. By evaluating comfort before certification and educating handlers to recognize stress signals, FRTD protects the health, wellbeing, and long-term success of every therapy dog.

FIRST RESPONDER THERAPY DOGS

Annual Canine Wellness Assessment

To be completed annually by a licensed veterinarian as part of FRTD certification. Our goal is to ensure every therapy dog is medically fit, healthy, and comfortable while serving first responders.

DOG INFORMATION (To be completed by Handler)

Dog Name: _____

Breed: _____

Age: _____

Sex: _____

Spayed/Neutered: _____

HANDLER INFORMATION (To be completed by Handler)

Handler Name: _____

Email: _____

Phone: _____

VETERINARY PRACTICE (To be completed by Handler)

Veterinarian Name: _____

Clinic: _____

Phone: _____

Email: _____

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PREVENTIVE HEALTH (To be completed by Veterinarian)

Annual Wellness Exam Date (within 12 months): _____

Fecal Exam Date (within 12 months): _____

Rabies Vaccine Date (1-Year / 3-Year): _____

OR Rabies Titer Date & Result: _____

Heartworm Prevention (Current / N/A): _____

Flea & Tick Prevention (Current / N/A): _____

VETERINARY ASSESSMENT (To be completed by Veterinarian)

- Is this dog medically fit to participate in therapy dog visits? ☐ Yes ☐ No

Comments: _____

- Does this dog have any medical condition that may limit participation? ☐ Yes ☐ No

Comments: _____

- Is the dog able to comfortably walk, stand, and participate in visits? ☐ Yes ☐ No

Comments: _____

- Does the dog have any respiratory or cardiac condition that would limit its ability to safely deploy to a wildfire basecamp? ☐ Yes ☐ No

Comments: _____

ADDITIONAL VETERINARIAN COMMENTS

_____

_____

FIRST RESPONDER THERAPY DOGS

CERTIFICATION (To be completed by Veterinarian)

I certify that I examined this dog on the date listed above and believe the information provided is accurate. Based on the most recent examination, this dog is medically fit (including being free of parasites) to participate in therapy dog activities with first responders except as noted above.

Veterinarian Signature: _____

Printed Name: _____

Clinic Stamp: _____

Date: _____

FRTD COMMITMENT TO CANINE WELLBEING

A therapy dog should enjoy the work just as much as the people they serve. FRTD combines annual veterinary care, AKC Canine Good Citizen certification, behavior assessments, continuing education, and ongoing handler responsibility to support lifelong canine wellbeing.

Thank you for your time and efforts.

Application Submission

FIRST RESPONDER THERAPY DOGS

Once **ALL** items are completed, please submit all signed and completed documents along with an ID Card Photo (see below) and payment.

Send all documents to (mail or email):

First Responder Therapy Dogs
P.O. Box 4387
San Rafael, CA 94913

OR

Firstrespondertherapydogs@gmail.com

Registration Fee

- ☐ $100.00 (payable directly through our website HERE, by Venmo @firstrespondertherapydogs or Check made out to First Responder Therapy Dogs, Inc.)

ID Card Photo Guidelines

- ☐ Photo needs to be head on.
- ☐ You and the dog you are certified with should be the only ones in the picture.
- ☐ You and your dog need to be clearly visible.
- ☐ High quality photo w/ good lighting

Yearly Membership Renewal Process

- ☐ $25 Yearly Membership Renewal Fee (you will receive an annual reminder through email)
- ☐ Updated Health Check w/ negative fecal test (to be completed by your dog's veterinarian)

Thank You and Next Steps

FIRST RESPONDER THERAPY DOGS

We are honored that you are considering using the unique bond between you and your dog to support the mental health and wellness of first responders. Every visit, conversation, and moment of connection helps strengthen those who dedicate their lives to serving others.

What to Expect After You Submit Your Application

- ☐ **Application Review:** Our team will review your application and verify that all required forms and supporting documents have been received.
- ☐ **Background & Documentation Verification:** We will confirm your background check, required training, veterinary documentation, and certification requirements.
- ☐ **Follow-Up:** If anything is missing or clarification is needed, a FRTD representative will contact you.
- ☐ **Certification Approval:** Once all requirements are complete, your application will be approved and you will be welcomed as an official FRTD therapy dog team!

Your Onboarding Journey

- ☐ Receive your official welcome email.
- ☐ Receive your FRTD ID card, therapy dog vest, and onboarding materials by mail.
- ☐ Be introduced to regional leaders and fellow therapy dog teams through our team portal.
- ☐ Learn how to schedule visits and connect with first responder agencies through our team portal.
- ☐ Optional participation in networking opportunities, continuing education, and mentorship.
- ☐ Receive announcements about deployments, special events, and national initiatives through email.

Our Commitment to You

FRTD is committed to providing a professional and supportive volunteer experience through ongoing communication, educational resources, mentorship opportunities, and meaningful opportunities to serve. We believe that caring for our volunteers is essential to caring for first responders.

We hope to have you join our FRTD family!

Thank you again for your willingness to serve alongside your therapy dog. We look forward to partnering with you to bring comfort, connection, and support to first responders across the country.