



## Overview & Checklist

Thank you for your interest in becoming a First Responder Therapy Dog team. Our organization is one of a kind. First Responder Therapy Dogs address behavioral health needs by providing emotional support to first responders with the use of trained therapy dogs. Our teams visit fire departments, police stations, dispatch call centers and wild fire base camps. We are also available for debriefings after difficult calls and first responder special events.

### Requirements

- You must be at least 18 years old
- Your dog must be at least 18 months old
- Your dog must have lived with you for at least 6 months

### Certification Process

- Fill out the application
- Pass Background check
- Pass AKC Canine Good Citizen test (must be completed within 2 years of certification)
- Complete the SAMHSA Service to Self-Training Course
- Complete the FEMA IS 100.c course
- Complete the Psychological First Aid and Skills for Psychological Recovery Course
- Pass a Behavior Assessment
- Submit Certificate of Health signed by veterinarian
- Provide a picture of you and your dog for your ID card
- Sign Volunteer waiver
- Sign Confidentiality Agreement
- Pay \$100 registration fee



## 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? |     |    |



## 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**



|   |  |
|---|--|
| Effective Date                                |  |
| Volunteer Legal Name<br>(AKA - The Volunteer) |  |
| Address                                       |  |
| Phone Number                                  |  |
| Email   |  |

&

Organization: First Responder Therapy Dogs AKA (The Organization)

Located at: 2100 4<sup>th</sup> Street #C153

San Rafael, CA 94901

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                |  |



## 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                |  |



## 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 within 2 years of certification
- Background Check
  - o Please email [firstrespondertherapydogs@gmail.com](mailto: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 FEMA Course
  - 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](#)
    2. Scroll down to "[Take The Course](#)" (you do not need to register)
    3. Complete coursework and submit certificate of completion along with all other required documents.
  - FEMA Course
    1. Go [HERE](#)
    2. Complete coursework and submit certificate of completion along with all other required documents.
  - Psychological First Aid and 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)





# FIRST RESPONDER THERAPY DOGS



## Behavior Assessment

First Responder Therapy Dogs work under unique circumstances. There are often loud noises, crowds of people, boisterous first responders, moving vehicles and strange equipment. We WANT your dog to be successful, so it's important to be sure that they are comfortable in different scenarios with a variety of triggers.

Take your dog to these three locations, walk around outside, and notice their behavior. Spend between 15-20 minutes in each location with at least two days between visits, so that your dog has time to decompress.

### Fire Station Parking Lot

Date: \_\_\_\_\_

Be on the lookout for:

- sirens
- people in uniforms
- flashing lights
- commotion

### Does your dog show...

- loose happy body
- curiosity
- panting
- lowering of tail
- stiffness
- desire to approach

### Emergency Room Parking Lot

Date: \_\_\_\_\_

Be on the lookout for:

- sirens
- people in uniforms
- flashing lights
- gurneys/wheelchairs

### Does your dog show...

- loose happy body
- curiosity
- panting
- lowering of tail
- stiffness
- desire to approach

### Garbage Trucks on Duty

Date: \_\_\_\_\_

Be on the lookout for:

- moving trucks
- emptying cans
- beeping sounds
- people in uniforms

### Does your dog show...

- loose happy body
- curiosity
- panting
- lowering of tail
- stiffness
- desire to approach



# FIRST RESPONDER THERAPY DOGS



## FIRST RESPONDER THERAPY DOGS

### CERTIFICATE OF HEALTH

This certificate of health is required for First Responder Therapy Dog program participation.

| Dog Information   |  |
|---|--|
| Name  |  |
| Breed/Description   |  |
| Handler Information   |  |
| Name  |  |
| Email   |  |
| Phone   |  |
| Veterinarian Information  |  |
| Name  |  |
| Address   |  |
| Phone   |  |
| Health Information  |  |
| Physical Exam   | Date ( <i>must be within last 12 months</i> ):               |
| Neg Fecal Exam  | Date ( <i>must be within last 12 months</i> ):               |
| Rabies Vax  | Date: <span style="float: right;">Circle one: 1yr 3yr</span> |
| OR Rabies Titer   | Level ( <i>must be within last 2yrs + ≥ 0.5 IU</i> ):        |
| Certification   |  |
| <i>This dog has been examined in this clinic. We believe that this dog is healthy and free of internal and external parasites as of the exam dates above.</i> |  |
| Date  | Veterinarian Signature OR Clinic Stamp                       |
|   |  |



## Application Submission

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

Send all documents to (mail or email):

First Responder Therapy Dogs  
2100 4<sup>th</sup> Street #C153  
San Rafael, CA 94901

OR

[Firstrespondertherapydogs@gmail.com](mailto:Firstrespondertherapydogs@gmail.com)

### Registration Fee

- \$100.00 (payable by Venmo @firstrespondertherapydogs or Check made out to First Responder Therapy Dogs)

### 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
- Updated Health Check (to be completed by your dog's veterinarian)

*Thank you for your application!*