



VOLUNTEER APPLICATION

Volunteer Information

Name: _____

Spouse / Other Name(s) _____

Address: _____

City, State, Zip Code: _____

Are you over 18 Years Old? Yes / No If No, Name of Parent/Guardian _____

Phone Number(s): _____

E-Mail: _____

Church: _____

Dog's Name: _____

Breed of Dog: _____

Age of Dog: _____

Weight of Dog: _____

Volunteer T-Shirt Size: _____

Please note: The initial member's fee is \$125; annual membership renewal fee is \$50. This fee includes the custom C4C dog vest, "business cards" ID's, t-shirt, and liability insurance.

Please submit all pages of this entire form and a picture of your dog for his Canines for Christ ID by **uploading the documents to our website: k9forchrist.org** or by mail to:

Canines for Christ Ministry PO Box 28 Lutz, FL 33548-0028
www.k9forchrist.org 813-601-4937

Volunteer Questionnaire

Name: _____

1. By becoming a volunteer with Canines for Christ you acknowledge that you have accepted Jesus Christ as your Lord and Savior and will live according to His teachings in the Holy Bible.

YES ____ Initial _____

2. What type of organization do you prefer to serve with? (Choose all that apply)

____ Hospitals

____ Nursing Homes/ACLF's

____ Law Enforcement/Fire Stations/911 Call Centers

____ Hospice Centers

____ Schools/Reading Buddy

____ Correctional Facilities

____ Special Needs

____ Other (Please Specify) _____

3. Depending on your area of interest how can we support you in carrying out the Canines for Christ Ministry in your area?

____ Frequent Prayer

____ Zoom Meetings

____ Webinars

____ Ministry Resources

____ Other (Please Specify) _____

4. Are you able to explain the Canines for Christ Ministry and what its purpose is?

YES ____ NO ____

5. We believe in praying for and encouraging our volunteers through our Care Partner Ministry. A Care Partner will reach out to you on a regular basis to ask for prayer needs as well as answer any questions you may have with the ministry. Would you like to be assigned a Care Partner?

YES ____ NO ____

Dog Questionnaire

Date: _____ Owner: _____ Dog: _____

	YES	NO
1. Does your dog bark easily?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your dog sit/stay on command?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your dog get agitated easily?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your dog jump up on people?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your dog nervous on elevators?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your dog nervous around wheelchairs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your dog nervous around walkers?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your dog nervous around hospital beds?	<input type="checkbox"/>	<input type="checkbox"/>
9. Can your dog stay still to be petted for a few minutes?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has your dog ever been in a large crowd?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has your dog ever bitten or attacked anyone?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your dog get along with children?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your dog get along with other dogs?	<input type="checkbox"/>	<input type="checkbox"/>

Health Certificate

It is our intent with the Health Certificate to show that your dog is well cared for by a licensed veterinarian. As satisfaction for this page you may submit a copy of your dog's most recent up-to-date examination/vaccination by the veterinarian **OR** have your veterinarian fill out the following form.

Date of Rabies Vaccine: _____

Date of Examination: _____

Expiration Date: _____

Last Name First Name M.I. Phone Number

Address City & State Zip County

Dog's Name	Breed	Color	Age	Sex
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This is to certify that the dog described above was examined by me on the date indicated and found to be free from symptoms of infectious, contagious, or communicable disease or known exposure thereto and that all common vaccines available for the species have been administered within the past year.

D.V.M

License No.

Address

City & State

Zip

(Canines for Christ Therapy Dog Volunteer is responsible for having pet certified and returning this form)

STATEMENT & RELEASE FORM

By Animal Handler (Owner)

I, _____, the owner of _____
Print Name of Owner/Handler Print Dog's Name

agree to all the following statements:

I have provided a health certificate signed by a licensed veterinarian indicating that the dog listed above is in good health and has received appropriate vaccinations as specified by my dog's veterinarian. I understand that I must provide proof of current rabies vaccination and complete health assessment before I will be allowed to have my pet participate in animal-assisted activities, programs, or visits.

I confirm that my pet is healthy, housebroken, clean, well-groomed, free of strong odors, and does not have external parasites such as ticks, fleas, or mites. My dog will not be wearing a flea collar during visits to the facilities. Also, I understand that I will not bring my dog to visit if he/she is sick, on medication, in heat, pregnant or nursing puppies, emotionally stressed, or has unusual odor from the ears, body, or mouth.

I understand that my dog must be on a leash no longer than 6 feet in length and remain under my control and supervision at all times when in a facility or on facility grounds.

I understand that dogs should not enter surgical suites, areas where food is prepared or served, clean linen or clean equipment/supplies storage areas, medication rooms, rooms with transmission-based isolation signs posted "Droplet or Contact" or rooms with "High Risk for Infection" signs posted.

I understand that I am responsible and liable for my pet's behavior while visiting facilities as a representative volunteer with **Canines for Christ**.

Print Name of Owner/Handler

Phone Number

Dog Breed

Signature

Date