

Memorandum of Understanding Between Canines for Christ Therapy Dog Ministry

Canines for Christ Therapy Dog Ministry

PO Box 28 Lutz, FL 33548

Name of Facility: _____

Address: _____

Contact: _____ Phone: _____

Email: _____

Canines for Christ Therapy Dog Ministry, a non-profit organization, provides visits free of charge through its tested and registered handlers to wherever a therapy dog is needed. All of our registered handlers are volunteers and covered under Canines for Christ's liability insurance program and the current policy will be attached.

Facility Visits

At all times while visiting, our dog/handler teams are governed by Canines for Christ's rules and regulations. While in a facility the handler must follow the rules and guidelines set forth by the facility as long as no harm can come to either dog or handler. If additional training or paperwork for volunteers is required, it is up to the handler to comply if the handler wants to visit at a facility.

The facility should provide guidelines to the handler for its therapy dog program. A staff member must be assigned to take charge of the therapy dog program. The facility will provide a staff member in the event that the child may have unsuitable behaviors to be left alone with others. This is for the safety of all parties involved.

The facility must have a policy in place for infection control to protect the dog/handler team from coming in contact with dangerous germs. The dog handlers will visit with a clean dog. The handler is expected to wipe hands (with a disinfectant which should be supplied by the facility) prior to visiting with the clients and staff. The clients and staff must also wipe hands prior to petting the dog. This procedure is to be repeated for each person.

All visitations should be scheduled in advance with the exception of emergency visits. The volunteer as well as the facility is responsible for adhering to a scheduled visitation program. If a scheduled visit cannot be made, the volunteer or the facility must cancel in advance.

Canines for Christ Therapy Dog Ministry would like to receive periodic updates on the work of its volunteers. The Canines for Christ contact will schedule a time with facility contact to discuss any concerns or issues on a monthly basis unless an emergency situation arises. In the event of an emergency situation, the Canines for Christ Therapy Dog Ministry should be contacted immediately.

The facility is responsible for checking the handler's Canines for Christ credentials and make sure they are up to date at the time of visitations. Canines for Christ requires that each dog is up to date on all veterinary care. This gives us assurance that the dog has received the best possible care and is current on all its health care procedures.

To assure high standards of the therapy dog program, the facility agrees that only certified teams will conduct therapy dog visits.

If there are any problems with a dog/handler team, please feel free to contact:

Chaplain Jill Powell
Director of Membership
Email: jill@canines4christ.org
Cell: 210-452-5623

_____ Date _____
Contact for Canines for Christ (Local Chapter Leader)

_____ Date _____
Facility Representative
Title: _____

Dear Facility Coordinator:

We would like to thank you for including our volunteer dog/handler teams in the interviewing and well-being process of your clients. Canines for Christ Therapy Dog Ministry is a non-for-profit organization providing therapy dog services to many facilities in different settings throughout the local community and surrounding areas. In order to facilitate the work of our volunteers, we would like to arrange an agreement with your facility and our organization (Canines for Christ Therapy Dog Ministry). An agreement makes it easier for all to know the boundaries and also to help all involved to exchange ideas and to be more successful in providing therapy dog visits.

We would appreciate if you could sign this agreement, Memorandum of Understanding (MOU) or pass it on to an authorized person for signing. Please send the completed form back (we will return the signed copy with our signature back to you) to:

Canines for Christ Therapy Dog Ministry (Local Chapter)

Chapter Address

City, State, Zip Code

Local Chapter Email:

Local Chapter Phone:

I am looking forward to working with you in helping bring qualified volunteers to your facility.

Sincerely,

Local Chapter Individual

Canines for Christ Therapy Dog Ministry



COMMERCIAL GENERAL LIABILITY COVERAGE
PART DECLARATIONS

"X" IF SUPPLEMENTAL DECLARATIONS ATTACHED

1. POLICY NO.: VBA840110 00 EFFECTIVE DATE: 1/1/2022

CANINES FOR CHRIST THERAPY DOG MINISTRY INC.

2. NAMED INSURED: _____

3. LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products - Completed Operations)	\$	2,000,000	
Products-Completed Operations Aggregate Limit	\$	2,000,000	
Personal and Advertising Injury Limit	\$	1,000,000	
Each Occurrence Limit	\$	1,000,000	
Damage To Premises Rented To You Limit	\$	100,000	Any One Premise
Medical Expense Limit	\$	5,000	Any One Person

Coverage A of this insurance does not apply to injury caused by a wrongful act which was committed before the Retroactive Date, if any shown here: Retroactive Date: None (Enter Date or "None" if no Retroactive Date)

LOCATIONS INCLUDING ZIP CODE OF ALL PREMISES YOU OWN, RENT OR OCCUPY (Enter "same" if same location as your mailing address):

1. 3845 EVERGREEN OAKS DRIVE, LUTZ, FL 33558

CODE NO.	PREM NO.	CLASSIFICATION	PREMIUM BASIS	EXPOSURE AMOUNT	RATE		ADVANCE PREMIUM	
					PR/CO	ALL OTHER	PR/CO	ALL OTHER
16404	1	Pet Training	Gross Sales	50,000	Incl	4.751	Incl	\$950.00 (MP)
TOTAL ADVANCE PREMIUM FOR THIS PAGE							\$.00	\$ 950.00
TOTAL ADVANCE PREMIUM FOR THIS COVERAGE PART								\$ 950.00

4. FORMS AND ENDORSEMENTS APPLICABLE (other than applicable Forms and Endorsements shown elsewhere in this policy)

*Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS – GBA900002

*Entry optional if shown on Common Policy Declarations

THESE DECLARATIONS, WHEN COMBINED WITH THE COMMON POLICY DECLARATIONS, THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

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