



Arizona Therapy Dogs Membership Application

Applicant Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Home Address:

Emergency Contact Name & Number:

How would you like to be involved?

- ☐ General Volunteer
- ☐ Event Assistance
- ☐ Fundraising
- ☐ Administrative Support
- ☐ Outreach & Community Engagement
- ☐ Interested in becoming a certified therapy dog handler
- ☐ Other: _____

Availability

Days/Times available:

Preferred region or city in Arizona to volunteer:

Optional Experience

Do you have prior experience with animals, volunteering, or therapy work?



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☐ Yes ☐ No

If yes, please describe:

Agreement & Signature

I agree to support the mission of Arizona Therapy Dogs and uphold the values of kindness, compassion, and service. I understand that as a non-handler member, I may assist in various capacities but will not participate in therapy visits with a dog unless certified.

Signature:

Date:
