



Handler Profile

for _____

Dog's Name _____

Preferred contact information:

Phone: _____ email _____

Address _____

City, ZIP _____

Dear Prospective Team: Please help us get to know you by completing this form. If you have any questions, please email us at 4pawsoffice@gmail.com We look forward to seeing you in our next class

How did you learn about 4Paws? Internet Friends/Colleague Event/Other: _____

Is there someone we can thank for referring you?

What programs are you interested in? Social Therapy (Healthcare Venue) Readers of the Pack™ (Schools/Libraries)

What previous volunteer experience have you had?

_____ (Please finish on the back.)

Why would you like to be a social therapy/reading team with your dog?

Can you commit to 2 visits (approximately 2 to 2.5 hours) each month? Yes No

What interests, skills, or background do you bring to 4Paws? _____

Would you like to know more about other volunteer opportunities with 4Paws? Yes No If YES, what area? _____

Committee Member Speaker/Presenter Teacher/Coach Dog Evaluation Helper Events

Fundraising Other: _____

What other 4Paws Learning and Wellness programs are you interested in? Pet Nutrition Exercising With Your Pet Supportive Therapies (Acupuncture, Massage, Hydro-therapy) Dog Behavior Positive Reinforcement Training

Please list two references (other than family members):

Name: _____ Relationship: _____ Phone: _____

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Our teams work with a variety of individuals, which requires that we pre-screen our volunteers to ensure everyone's safety. Some facilities also require criminal background checks and fingerprinting in addition. Have you been convicted of a felony, must you register as a sex offender, or are you currently a defendant in a pending criminal case? Y N

By signing this application, I agree that the information given is true.

_____ (Signature) _____ (Date)