



U.S.A. Therapy Dogs, Inc. Membership Application

Contact Information

Name: _____

Street Address: _____

City, ST, ZIP Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

**Driver's License Number: _____

E-Mail Address: _____

Birth date: _____

Dogs Information

Name: _____

Breed: _____

Gender: _____

Birth date: _____

Availability

During which hours are you available for contact?

Weekday mornings Weekend mornings

Weekday afternoons Weekend afternoons

Weekday evenings Weekend evenings

What is the best number to contact you at? _____

Interests

Tell us in which areas you are interested in volunteering

- Assisted-living Facilities
- Community Events
- Day Care Centers
- Hospice Centers
- Hospitals
- Nursing Homes
- Schools
- Working with Special Needs Children

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

How Did You Hear About USA Therapy Dogs?

Person to Notify in Case of Emergency

Name:

Street Address:

City, ST, ZIP Code:

Home Phone:

Work Phone:

Cell Phone:

E-Mail Address:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member with U.S.A. Therapy Dogs, Inc. any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

******It is U.S.A. Therapy Dogs, Inc. policy to screen our potential members for criminal sexual and violent felony charges. By submitting this application, you are agreeing to allow U.S.A. Therapy Dogs, Inc. to perform a background check. The reason for this is some of the facilities (e.g.: day cares, hospice centers, schools) will require a Federal background check. ******

Name (printed) _____

Signature _____

Date _____

Our Policy

It is the policy of U.S.A. Therapy Dogs, Inc. to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in becoming a member with us.

COST: \$195 FOR 1 DOG AND 1 PERSON
COST: \$245 FOR 1 DOG AND 2 PEOPLE

**Send application and check payable to:
USA THERAPY DOGS, INC.
ATTENTION: CLASS
P.O. 100
DAVISON, MI 48423**