



The San Francisco Society for the Prevention of Cruelty to Animals
Animal Assisted Therapy Program

201 Alabama Street, San Francisco, CA 94103

Phone: 415.554.3060 • Fax: 415.901.6298 • AAT@sfpca.org

AAT Volunteer Application

Date _____

Name _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ May we call you at work? _____

Occupation _____ Employer _____

How did you find out about the volunteer program? _____

Do you already receive mail from the SF SPCA? _____

Do you have any physical or psychological limitations or disabilities that might hinder you from participation in some activities (such as a heart condition, back injury, epilepsy, allergies, etc.)?

If yes, please explain: _____

Have you read the SF SPCA's Volunteer Standards and Policies? _____

Are you at least 18 years of age? _____

Please describe your availability for volunteering (weekends, weekdays, amount of time, etc.)

Please Provide Your California Driver's License # or California ID # _____
and indicate which type of identification you have _____

You must attach a photocopy of your photo ID to this application in order to be scheduled for training.

Emergency Contact:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Home Address _____ City _____ State _____ Zip _____

Thank you for your interest in volunteering with the San Francisco SPCA!

Please read each portion of the following application and answer all questions completely. The application is meant to tell us more about you, but it will also help you understand what it means to be an AAT volunteer. Please be sure to complete the handling questionnaire and sign all waivers and the confidentiality agreement. Otherwise, this application will be returned.

We are thrilled that you have an interest in Animal Assisted Therapy! We also recognize that you have a number of volunteer opportunities available to you in our bustling city. What follows is additional information to help you begin to gauge whether our programs will be the right volunteer opportunity for you. We hope that you will attend an orientation in the near future to learn more about training and testing for your pet, our facilities, and the joy of sharing your pet with others.

First, answers to a few commonly-asked questions:

Q. Can I visit a certain facility or type of people? A. AAT seeks volunteers with a commitment to serve all members of the San Francisco community, regardless of age or diagnosis. While we understand a strong desire to work with a specific population (such as children) and may take that into account when scheduling visits, we expect incoming volunteers to enthusiastically share the love of their pets with any and all of the clients in our contact facilities. If your desire to work with a certain group precludes flexibility in service, then it may be more rewarding for you to seek volunteer opportunities working explicitly with that population. We appreciate your honest assessment of your goals and needs in volunteering and respect that our programs might not be the best fit for everyone.

Q. What do I need to do to participate in the Puppy Dog Tales (PDT) Reading Program? A. Before a volunteer team can join the PDT Program, we require that they serve at least one quarter in the general AAT Program (i.e., visiting our regular facilities) and complete additional training and testing.

Q. Once my pet and I complete AAT training, will my pet be certified to accompany me to work or public places? A. No. Our training programs qualify our volunteer teams to participate in our program only. Teams are only covered by our insurance when visiting facilities that are working cooperatively with the SF SPCA, with a designated contact present, as scheduled through the AAT department.

Thank you for your interest in our programs. We hope that you will find your experiences with us fulfilling for both you and your pet!

Please explain your interest in volunteering with the SF SPCA’s Animal Assisted Therapy Program.

Describe any experience you have had working in mental or physical healthcare facilities.

In the space below tell us about other volunteer work have you done.

Handling Questionnaire

Animal Assisted Therapy (AAT) is looking for confident, sociable, well-mannered, well-groomed, and healthy pets for its therapy programs. We are looking for a range of personalities, from playful and doing tricks, to sedate and sitting for affection, but all animals must be friendly and non-aggressive.

Please note the following restrictions for participating in the San Francisco SPCA AAT program:

1. AS IT IS PART OF OUR MISSION AT THE SF SPCA TO REDUCE THE NUMBER OF UNWANTED COMPANION ANIMALS, PETS REPRESENTING OUR ORGANIZATION ON AAT VISITS MUST BE SURGICALLY ALTERED (SPAYED/NEUTERED) UNLESS A LICENSED VETERINARIAN DEEMS THE PET INELIGIBLE FOR SURGERY.
2. Pets must have been in the household, and under the care, of the handler for a minimum of 6 months.
3. Any pet beginning in the program at less one year of age will require retesting at the one year mark.
4. Dogs and cats must be current on vaccinations and have recent negative fecal results. Handlers must submit veterinary certification annually to remain eligible for visits.
5. Visits to some facilities (esp. children, severely emotionally troubled youth, transitional housing, emergency family housing and youth shelters) require additional training and commitments on the part of the team.
6. Admission to the Dog Reading Program is contingent upon the pet receiving Canine Good Citizen Certification (CGC), and the handler successfully completing the Reading Workshop.

Questionnaire:

1. Pet Name:
2. Species:
3. Breed:
4. Age:
5. How long have you cared for your pet?
6. How did you obtain the pet? If your pet came from a rescue organization, please give the name.
7. What formal training, if any, has your pet completed?
8. Describe the experience your pet has had with children. (use back of page if necessary)
9. List the steps you have taken to socialize your pet and places your pet accompanies you. (use back of page if necessary)
10. What type of gear do you use when walking your pet? Be specific about collar/leash types.

Please read carefully and sign the following General Volunteer Agreement, General Waiver and Release, Confidentiality Agreement, and Waiver of State Compensation Benefits.

General Volunteer Agreement

All of us at the San Francisco SPCA (SF SPCA) are deeply grateful for the vital services contributed by our caring volunteers. Our Volunteer Program has become an important and integral part of the Society. On behalf of the animals that you help every day, thank you for contributing your precious time and energy, and for helping us be an organization of which we can all be truly proud.

In signing below, I understand and agree to the following:

1. I authorize the San Francisco SPCA to seek emergency medical treatment for me and/or my pet in case of accident, injury or illness.
2. I agree to abide by the policies and procedures presented to me at the volunteer orientation and training meetings and to follow the instructions of AAT program staff.
3. I agree to support the mission of the program: to bring the benefits of animal companionship to a wide range of populations within our community. To support that mission, I am willing and able to conduct visits at any facility in San Francisco that is served by the AAT program, including those that serve populations with psychiatric, physical, or developmental disabilities.
4. I will take ideas, constructive comments, suggestions and criticisms directly to the program leader and agree to be supervised by the program leader.
5. If communication problems develop between employees and me, as a volunteer I will report these to the program leader as soon as possible.
6. I understand that San Francisco SPCA records regarding previous and new owners are to be kept confidential.
7. I understand that because I may handle animals, that it is important to discuss the animal-related vaccinations with my physician and to continuously provide the San Francisco SPCA with up-to-date health information for my pet.
8. I understand that if I am injured while acting as an unpaid member of the volunteer staff, that the California State Worker's Compensation Law does not cover me.
9. The San Francisco SPCA has my permission to use any and all photographs taken of me to promote society services and programs or to publicize any event. I understand that all prints and negatives become sole property of the SF SPCA and may be used without payment or prior notification.

Printed Name

Signature

Date

Parent's Name

Signature

Date

General Waiver and Release Form

I, the undersigned, agree to release, discharge, indemnify and hold harmless the SF SPCA, its officers, directors, and employees for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages, expenses and suits at law or in equity to my personal property that arise out of my performing services for the SF SPCA, its officers, directors or employees.

I recognize that in handling animals while performing services for the SF SPCA, there is a risk of injury including, but not limited to, personal physical harm and harm to my pet. On behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors, I hereby release, discharge, indemnify and hold harmless The SF SPCA, its officers, directors and employees for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages, and expenses connected with my services to the SF SPCA or my Volunteer Agreement whether caused directly or indirectly by any negligence (active or passive) attributable to the SF SPCA, its officers, directors, or employees.

In connection with this release, I expressly waive the provisions of the California Civil Code, section 1542, which provides as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him or her must have materially affected his settlement with the debtor.

I understand that public relations are an important part of volunteering at the SF SPCA. I therefore agree on behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors to allow The SF SPCA to use any photographs and images taken of me in the Society's public relations efforts and without payment. The SF SPCA will use reasonable efforts to notify me, but such notification is not an expressed or implied condition to the release of photographs or images for public relations purposes.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Agreement and Release and Waiver and that I agree and will comply with same.

| | | |
|-------------------------------|---------------------------|----------------------|
| _____ Printed Name | _____ Signature | _____ Date |
| _____ Parent's Name | _____ Signature | _____ Date |

Confidentiality Agreement

As a volunteer of the San Francisco SPCA, you have both a legal and ethical responsibility to protect the privacy of patients. All information that you see or hear regarding patients, directly or indirectly, is completely confidential and must not be discussed or released in any form, except when required in the performance of your duties. If you have access to employee information, you are expected to treat such information in the same confidential manner as patient information.

Unauthorized disclosure of medical information is also criminally punishable as a misdemeanor. The mere acknowledgment that a patient is being treated for HIV disease, psychiatric disorders, drug abuse or alcohol abuse may expose you and the Medical Center to both substantial fines and liability to the patient.

If you are unsure about the appropriate action in regard to confidentiality, seek advice from the volunteer department staff or your department supervisor.

I understand and agree that in the performance of my duties at any and all SF SPCA AAT Facilities, I must hold patient information, employee information and financial information in confidence as outlined above. I understand that any violation of confidentiality may result in disciplinary action including termination of my volunteer position and liability for civil damages.

| | | |
|-------------------------------|---------------------------|----------------------|
| _____ Printed Name | _____ Signature | _____ Date |
| _____ Parent's Name | _____ Signature | _____ Date |

Waiver of State Compensation Benefit

Under our Workers' Compensation policy, SF SPCA volunteers are not classified as "employees" and are therefore ineligible for Workers' Compensation coverage for injuries that might be sustained while volunteering for the SF SPCA. However, because our volunteers are so important to us, we have an alternative medical insurance policy that provides limited coverage for injuries that were sustained while a volunteer was working for the Society. The SF SPCA strongly recommends that each volunteer maintain his or her own medical insurance.

If a volunteer is injured performing an SF SPCA volunteer job, an SF SPCA Injury Report must be completed as soon as possible following the injury, whether or not the volunteer intends to file a claim. If a volunteer intends to file a claim, the San Francisco SPCA must be notified in writing within 10 days of the injury so the Society's insurance company can start the claim process. If the 10-day requirement is not met, the claim may be invalid and the benefit denied.

By signing below, I attest to having read, understood and agreed to the Waiver of State Compensation Benefit:

| | | |
|-------------------------------|---------------------------|----------------------|
| _____ Printed Name | _____ Signature | _____ Date |
| _____ Parent's Name | _____ Signature | _____ Date |