

**San Francisco SPCA Animal Assisted Therapy**

201 Alabama Street, San Francisco, CA 94103

Phone: (415) 554-3061; [AAT@sfspca.org](mailto:AAT@sfspca.org)

**AAT Volunteer Application**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email/Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, City and Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 18 years of age? Yes NO

**You must submit your photo ID to this application to register and be 18 or over to volunteer**

**Emergency Contact:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about the volunteer program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in learning more about volunteering in other areas within the SFSPCA? Please check any interests below:

Shelter Volunteering

Foster

Community Medicine

Administrative

**Please read each portion of the following application and answer all questions. We designed the application to tell us more about you, and we hope it will also help you understand what it means to be an AAT volunteer. Please be sure to sign all waivers other we cannot process your application.**

We are thrilled that you have an interest in Animal Assisted Therapy! We also recognize that you have several volunteer opportunities available 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.

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check all statements that apply to you:**

Able to commit to a minimum of one visit every month

Can commit to working with your pet on a regular, on-going basis to maintain health, grooming and behaviors necessary for safe visits to our community

Comfortable visiting with a diverse population and have a willingness to serve our community at large

Able to work independently

Understand my pets stress signals and body language

Advocate for pet safety and wellbeing at all times

As a handler, you will have the opportunity to interact with a wide variety of populations including those who are terminally ill, individuals with mental illness or cognitive or mobility challenges. Are there visiting scenarios you anticipate might cause you or your pet to feel uncomfortable or stressed?

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**Pet Information**

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, doing tricks, to sedate, and sitting for affection, but all animals must be friendly, solicitous, and non-aggressive.

1. Pet Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Species/Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Is your pet spayed/neutered? Yes No
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

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1. What formal training, if any, has your pet completed?

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1. Describe steps you have taken to socialize your pet and places your pet accompanies you, including interactions with children (if any)

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1. What type of gear do you use when walking your pet? Be specific about collar/leash types.

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***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 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 supervision 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 provide the San Francisco SPCA with up-to-date health information for my pet annually.
8. I understand that if I am injured while acting as an unpaid member of the volunteer staff, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 or 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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, we expect you 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 receives treatment 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 concerning confidentiality, seek advice from the volunteer department staff or your department supervisor.

I understand and agree that in the performance of my duties at 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AAT Volunteer Agreement**

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 AAT Orientation and AAT Training (including PDT Training), and through the AAT Materials. I further agree to follow the instructions of AAT Program staff, including the AAT Dog Trainer, and adhere to all AAT facility policies communicated to me by facility personnel during visits.
3. I agree to support the mission of the AAT Programs: 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 served by the AAT programs, including those that serve populations with psychiatric, physical, or developmental disabilities.
4. I will take ideas, constructive comments, suggestions, and criticisms directly to AAT Staff.
5. If communication problems develop between facility personnel and me, I will report these to AAT Staff as soon as possible.
6. I understand that I have an obligation to keep my pet healthy in order to ensure the safety of the clients we serve. I agree to provide The San Francisco SPCA with up-to-date health information for my pet on an annual basis. Should health concerns arise, I agree to keep AAT Staff informed.
7. I understand that AAT Training for pets does not end with graduation. I agree to reinforce behaviors in my pet that are conducive to visitation and will alert AAT if my pet exhibits behavior that could compromise the safety of our clients. I know that to ensure best practices, an AAT Team member may join me for a visit at any time. I agree to respect the final decision on pets meeting the necessary criteria for visitation, which rests with our AAT Coordinator. I understand that if my pet falls below behavior criteria I will not be able to engage in visitation with him or her, but other opportunities may exist in the AAT department or greater Society.
8. I understand that if I am injured while acting as an unpaid member of the volunteer staff, 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 and video taken of me while I am serving in my capacity as a volunteer to promote Society services and programs or to publicize any event. I understand that all prints and negatives taken by the staff of the SFSPCA become sole property of The SFSPCA and may be used without payment or prior notification.
10. I understand that I am obliged to respond to information requests (including scheduling forms) promptly, to communicate with all SFSPCA staff, AAT contacts, and AAT clients courteously, and to uphold the AAT confidentiality agreement.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_