



## TCC PAWS Team

### *Peace and Wellness through Dog Therapy ©*

#### **VOLUNTEER AGREEMENT**

I, \_\_\_\_\_ agree to abide by the Chris Center PAWS team requirements, policies and follow all published procedures. I also agree to inform the staff immediately if my situation or my dog's situation changes so that I no longer meet these criteria. I agree that my dog will need to pass the evaluation every two years to stay active in the Chris Center PAWS team.

My dog, \_\_\_\_\_ meets all the Chris Center PAWS team criteria for participation:

- My dog is at least one year old at the time of evaluation
- My dog has lived in my home for at least six months. For dogs handled by a friend or family member not living in the owner's home, the dog has been frequently in the company of the handler for at least 6 months.
- My dog is reliably house trained in all settings.
- My dog is currently vaccinated against rabies. Per Indiana law, titers are not accepted in lieu of vaccination.
- My dog has NO history of aggression or seriously injuring either people or other animals. This includes animals who have been trained to aggressively protect and/or have been encouraged to bite, even if it is a component of dog sport, such as Schutzhund. If you have a rescue animal and do not know definitively that your dog meets this requirement, we suggest you not put your dog in a situation where he may be triggered unexpectedly.
- My dog has good basic obedience skills. My dog walks with a lead with a loose leash with a basic collar or harness, the same equipment used for my evaluation. My dog responds reliably to common commands such as "sit," "down," "stay," "come," and "leave it."
- My dog welcomes, not merely tolerates interactions with strangers.
- My dog will wear the PAWS team bandana on every visit with the Chris Center. And I agree my dog will never wear the bandana for any other purpose.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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#### **TCC PAWS Team Policies and Procedures**

1. I will abide by all Chris Center policies and procedures, and I will adhere to the guidelines that are set forth in the PAWS Team Handler Guide and in associated updates.
2. I will represent the program in a professional manner: for example, by observing rules of privacy and confidentiality, being on time for visits, not being under the influence of drugs/alcohol, and being well-groomed and professionally dressed in accordance with facility dress codes.
3. I will visit only with dogs that are registered with the Chris Center and with only one dog at a time. I understand that, for safety and liability reasons, visiting may not exceed two hours per team per day.
4. I will abide by all policies, procedures, and precautions of Chris Center and each facility I visit.
5. I will be responsible for my animal at all times, considering its needs and humane care first.
6. I will always stay with my animal and remain in control of the situation with the lead in my hand. I will never tie animals to people, equipment, or furniture while visiting.
7. I will clean up after my animal both inside and outside the facility, and I will abide by any facility-required cleanup rules.
8. For safety reasons, my animal must wear a collar or harness and be on its lead, and I will always hold the lead, including during breaks.
9. My dog will not wear a pinch collar, electronic collar, or other “correctional” type devices while on a visit.
10. Before each visit, I will abide by the PAWS Team Grooming Guidelines (see below).
11. I understand that I am required to wear my Chris Center identification badge (in addition to any identification required by the facility) while participating as a registered PAWS Team.
12. I will not borrow money or personal items or receive any personal gratuity or gift, such as money or jewelry, from the people that I visit. Likewise, I understand that it isn’t routinely acceptable to give gifts to the people that I visit, even small gifts such as candy and cookies.
13. I will not charge a fee for services that I perform in my role as a therapy animal handler.
14. In the event of an incident, accident, or unusual occurrence, I will stop visiting immediately. I will report, without reservation, all details of the incident to the Chris Center and follow Chris Center’s



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direction, with the understanding that all information will be treated sensitively and with complete confidentiality.

15. I will not take photographs or videos of the people that I visit.
16. I understand that my animal must visit in the same type of equipment that it was evaluated in and that a change in equipment requires a re-evaluation.
17. I understand that any time that I must be re-evaluated as a qualified team every two years.
18. I understand that therapy animals can wear a seasonal or holiday scarf when making visits; however, for the safety of the clients and the animals, animals, and handlers may not be dressed in costumes when making visits.

## **Standards of Professional Conduct**

I understand that the following types of unsatisfactory conduct are serious enough that violations might result in termination from the Chris Center PAWS Team Program:

1. Breach of client confidentiality.
2. Abuse of any client or animal or conduct that is detrimental to the Therapy Animal Program or the Chris Center.
3. Theft or removal from the premises, without proper authorization, of any property that belongs to a facility, a client, staff, or another team.
4. Unauthorized use or possession of intoxicants, narcotics, or other drugs while volunteering as a handler.
5. Being unfit to volunteer because of the influence of alcohol or drugs.
6. Harassment of any type.
7. Using the PAWS Team bandana and/or badge to gain public access or otherwise misrepresenting your animal as an assistance animal.



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#### **Grooming Guidelines**

- ✓ Before your Team Evaluation and each visit, you'll want your animal to be clean and ready to visit.
- ✓ Bathing: Chris Center's policy is that the animal should be bathed within 24 hours of the visit and kept clean until then. Note: If you visit frequently, it might be impractical or harmful for the animal to be bathed before each visit. Animals should always be clean-smelling with a clean coat, free of debris for any visit.
- ✓ Coat: The animal must be clean and groomed. Knots, snags, and debris must be combed out of the coat.
- ✓ Nails: Your animal's nails must be clipped to a safe length, and so that they aren't sharp or hooked. They should not pose a danger to the people that you visit, catch on clothing, or interfere with the animal's ability to walk on various surfaces, such as tile or carpet. File rough edges.
- ✓ Breath: If your animal's breath isn't agreeable, use toothpaste or oral rinse that's specifically made for dogs.
- ✓ Drooling: Some breeds of dogs are prone to drooling or slobbering. If you are visiting with an animal that drools excessively, carry a hand towel so that you can occasionally wipe your animal's mouth to prevent the client from being drooled on. Practice excellent infection control by using hand sanitizer after wiping your animal's mouth.
- ✓ Eyes: Normal drainage from the eyes must be cleaned.
- ✓ Ears: Ears should be clean and free of odor.
- ✓ Feet: Make sure that the dog's paws are clean. Clip back any excess hair that mud or feces might adhere to

**I agree to abide by TCC PAWS Team Policies and Procedures, Standards of Professional Conduct, and Grooming Guidelines included above.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## **Dog Health Screening Form**

Dear Veterinary Professional,

One of your animal clients is interested in becoming a member of the Chris Center's PAWS Team Therapy Dog Program, a program that trains, evaluates, and registers volunteers and their dogs visiting teens in schools and other settings. The program is distinguished by its attention to training the volunteers, evaluating teams every two years, and having awareness of the health of the animals. By having a systematic process for registering teams, we minimize risk to the patients who are visited by the teams and respect the health and well-being of the animals who participate in the program.

You are being asked to complete the Dog Health Screening Form on behalf of the applicant. Based on your medical judgment and knowledge of the animal's history and current status, please assess if the animal meets the health criteria for our program. You will find the requirements outlined in the following form.

For animals with disabilities: If you believe the animal is physically able to participate in the program, please provide any necessary accommodations on the Animal Health Screening Form or attach a separate letter on letterhead, if more room is required. If otherwise healthy, animals with a disability can have a positive impact on special populations, providing their activities do not exacerbate the animal's disability.

As this animal's veterinarian, you are the best person to render the overall opinion of the animal's health. It is important to consider that visiting animals may both be exposed to infectious agents because they visit people in healthcare facilities and be a potential source of infectious agents for people they visit. We realize an examination cannot detect all potential problems and that changes to an animal's health status can occur after the veterinary examination. The Chris Center is not expecting a guarantee that no risks are present, simply your assessment of the animal at the time of your examination.

Thank you for your time.

With gratitude,

The Chris Center PAWS Team



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#### **DOG HEALTH SCREENING FORM**

As the dog's veterinarian, you are the best person to render the overall opinion of the animal's health. If this animal has received an annual exam within the last 12 months, this form may be completed without another full examination.

Dog Owner's Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Dog's Breed: \_\_\_\_\_

Dog's Year of Birth: \_\_\_\_\_

Based on my examination, this dog meets the health criteria listed below:

- This dog is current on rabies vaccinations.
- This dog is free of internal and external parasites at the time of examination.
- This dog does not display any signs consistent with an infectious disease at the time of examination.
- If this dog has a condition, it is under control using a prescribed medication. (Please note: Animals currently taking antibiotics, antifungals, or immunosuppressive medications are not able to participate.)
- If this dog has a disability, it can still participate fully with accommodations. Please include suggested accommodations below.

I certify that this dog meets all the health criteria outlined by the Chris Center.

DVM Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Website:

Clinic Address:

Phone #:

Email Address:

Signature of DVM: \_\_\_\_\_ Date: \_\_\_\_\_

Examination Date: \_\_\_\_\_



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Please return this form directly to the dog's owner.

#### **VOLUNTEER WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT;**

#### **THE CHRIS CENTER'S RIGHT TO TERMINATE RELATIONSHIP WITH VOLUNTEERS**

The undersigned, a volunteer ("Volunteer") assisting The Chris Center, Inc. ("TCC") with its animal programs, understands and agrees that neither TCC nor any other party will be responsible for any accidents, injuries, damages, illnesses or damages, to Volunteer or Volunteer's property (including Volunteer's animal(s)), that occur in connection with Volunteer's activities and participation with TCC and its programs. Accordingly, Volunteer agrees that they will make no claim nor file suit for an injury to Volunteer's person or property (including Volunteer's animals), or for any injury, loss or destruction of any article of any kind or nature in connection with Volunteer's activities and participation with TCC and its programs.

Volunteer understands that neither TCC nor TCC programs nor TCC's respective officers, directors, employees, other volunteers, or agents ("Released Parties") accept any responsibility for accidents, illness, damage, injury to Volunteer or Volunteer's property (including Volunteer's animals) in connection with the operation of TCC or its programs.

Volunteer hereby WAIVES all claims arising out of any act or omission of TCC and Released Parties, whether or not caused in whole or part by negligence or fault of TCC and/or Released Parties. Volunteer understands that there are inherent risks in any TCC program activities and those risks are assumed by Volunteer, and Volunteer fully assumes the responsibility for the risk of injury, death or damages to Volunteer or Volunteer's animals resulting from or caused by Volunteer's or Volunteer's animals' contact with any other animals or caused by participation in TCC programs, which could include but is not limited to being bitten, kicked, scratched, spit at, and/or knocked down or otherwise injured.

Volunteer completely RELEASES TCC and any programs of TCC and the Released Parties from any and all liability for any and all injuries, death or damages to Volunteer or Volunteer's animals caused by (1)



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Volunteer's contact with the animals and/or animal assisted activities, or (2) any other activities taking place in connection with TCC programs, whether such injuries, death or damages result from negligence or fault in whole or in part of TCC and/or Released Parties.

Volunteer agrees to HOLD HARMLESS TCC and Released Parties from and against any and all injuries, damages, liabilities, losses or claims, which arise during or result from participation in TCC programs, whether or not caused in whole or in part by negligence or fault of TCC and/or Released Parties.

Volunteer understands during this COVID-19 pandemic, there is a risk of exposure to COVID-19 while participating in any programs or events held by TCC. As a condition of participation, Volunteer expressly agrees to comply with the rules and safety guidelines set forth by local, state, and federal governmental entities and TCC. Volunteer assumes all risks related to exposure to COVID-19 at any TCC programs or events.

Volunteer understands and agrees that TCC has the right to terminate the services or dismiss a Volunteer for any reason at any time.

Signing of this agreement binds Volunteer to this WAIVER, RELEASE, AND HOLD HARMLESS agreement, and signing of this agreement indicates Volunteer's understanding that TCC may terminate Volunteer's services at any time.

**Volunteer's Name:** \_\_\_\_\_

**Volunteer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Accepted by The Chris Center:

\_\_\_\_\_ Date: \_\_\_\_\_



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### MEDIA WAIVER

Volunteer Name: \_\_\_\_\_

I DO \_\_\_\_\_

I DO NOT \_\_\_\_\_

I authorize The Chris Center, Inc. permission to use photos, videos, verbal, or written feedback about the program and experiences. I understand this information may be used in printed or electronic form including social media for publications, promotional literature, grant writing purposes, education, or any other use for the benefit of the program.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_