



## Volunteer Registration Form

PLEASE PRINT CLEARLY

### A. TherapyPets Volunteer Information

Volunteer's Name(s): \_\_\_\_\_  
 Pet's Name(s): \_\_\_\_\_  
 Mail Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Eve/Home: (\_\_\_\_) \_\_\_\_\_ Day/Work: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_@\_\_\_\_\_

**PHONE LIST OP-OUT:** Please leave my name off the Volunteer List. (Note: the list is distributed only to other TherapyPet Volunteers.)

### B. Volunteer Annual Fees

CHECK ALL THAT APPLY

TherapyPets annual registration expires at the end of June; renewal effective on date of completed Volunteer Registration Form.

Team's First Pet: **\$40.00**    Additional pet with same Volunteer: **\$5.00**    Second Volunteer with same pet: **\$15.00**

**SPONSORSHIPS\*:** (These are in lieu of fees above. Please complete separate Sponsorship Program Form if sponsored.)

In Memory of (**\$75.00+**)    Personal (Family/Friends) (**\$100.00+**)    Business / Organizations (**\$150.00+**)

NON-visiting Volunteer Team\* - **\$25.00**    Replacement Badge Clip - **\$2.75**    EXTRA DONATION\*: \$ \_\_\_\_\_

\*Past registered volunteer teams who are not visiting facilities. (Please pay balance of First Pet to re-establish visiting privileges.)

### C. Volunteer Facility Visits & Time Survey 2014-2015

**ESTIMATED TOTAL VOLUNTEER\* HOURS DURING LAST 12 MONTHS:** 

\*Include all time spent on TherapyPets activities such as time coordinating visits, visits, gatherings, etc.

**PRIMARY** Facility most often visited: \_\_\_\_\_ Distance\*\* : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_ Typical Visit day/time/hours: \_\_\_\_\_

**SECOND** Facility most often visited: \_\_\_\_\_ Distance\*\* : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_ Typical Visit day/time/hours: \_\_\_\_\_

**OTHER VOLUNTEER ACTIVITIES:** \_\_\_\_\_ Hours: \_\_\_\_\_

Check here and list additional information of other facilities visited and volunteer activities on a separate page.

\*\*Distance traveled by volunteer (optional - for volunteer's tax deduction purposes.) **TOTAL THERAPYPETS ACTIVITY MILEAGE:** 

### D. Volunteer Interest Survey

CHECK ALL THAT APPLY

Events    Newsletter    Fundraising    Publicity    Web Social Site Updating    Phone work    Outreach

Ideas or Suggestions: \_\_\_\_\_

### E. Volunteer Agreement

I agree that my participation as a TherapyPets Volunteer is subject to the following terms:

1. I acknowledge receipt of a copy of the TherapyPets Guidelines, Mission Statement and Goals.
2. I have read, understand and will uphold the Mission Statement and Goals of TherapyPets.
3. I will follow the TherapyPets Guidelines when participating in authorized TherapyPets activities.
4. I understand that authorized TherapyPets visits are restricted to those facilities with a Facility Visit Protocol form on file with TherapyPets; and only if my registration is current and Annual Volunteer Team Fees are paid up to date.
5. I understand that no TherapyPets Volunteer may receive compensation for any authorized visits.



Signed: **X**

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

**INSTRUCTIONS:** Please complete, sign, and date this form; complete a Veterinarian Information Form for each pet; and any Sponsorship Form. Return all forms with fees to: TherapyPets P.O. Box 32288 Oakland CA 94604-3588 Forms are also available from our web site.

Check this box if payment made by check. Or, pay securely online with PayPal or a credit card (next box).

Check this box if payment is made online. To pay online at therapypets.org click on any 'DONATE' button.



\*NOTE - Sponsorships & Donations help keep TherapyPets Registration Fees at their current level.

 Thank you from TherapyPets