



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 each year; 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 - **\$4.75** EXTRA DONATION*: \$ _____

*For registered teams are not visiting facilities. (Missed a year? Please pay balance of First Pet to re-establish visiting privileges.)

C. Volunteer Facility Visits Time Survey for 2015-2016

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 (use 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

