THIS FORM IS FOR PREVIOUSLY REGISTERED THERAPYPETS TEAMS ONLY
EASY FILL-IN, THEN PRINT

TherapyPets

2011-2012

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. (The list is distributed only to other TherapyPet Volunteers.)*

Annual Renewal Fees

CHECK ALL THAT APPLY

☐ First Pet: **$30.00** ☐ Additional pet with same Volunteer: **$2.00** ☐ Second Volunteer visiting with same pet: **$5.00**

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

☐ In Memory of…. (**$50.00**+) ☐ Personal (Family/Friends) (**$75.00**+) ☐ Business / Organizations (**$100.00**+)

☐ Replacement Badge Clip - **$1.50 –** includes extra postage ☐ Replacement red plastic Collar Tag - **$1.00**

B. 2010-2011 Volunteer Time Survey

[Please include visits and all other TherapyPets activities]

ESTIMATED TOTAL VOLUNTEER HOURS DURING LAST 12 MONTHS:

PRIMARY Facility most often visited: _____

Address: _____ City: _____ Zip: _____

Phone:(____) _____ Contact: _____ Typical Visit day/time/hours: _____

SECOND Facility most often visited: _____

Address: _____ City: _____ Zip: _____

Phone:(____) _____ Contact: _____ Typical Visit day/time/hours: _____

OTHER VOLUNTEER ACTIVITIES**:** _____ Hours: _____

☐ List information for any other facilities or activities you may visit on occasion on a separate page.

C. Interest Survey

CHECK ALL THAT APPLY

☐ Events ☐ Newsletter ☐ Fundraising ☐ Publicity ☐ New Volunteers ☐ Phone work ☐ Outreach

Ideas or Suggestions: _____

D. 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 visits or other activities.
4. I understand that authorized TherapyPets visits are restricted to those facilities with a Facility Visit Protocol form on file with TherapyPets.
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 Forms; return all forms with fees to: TherapyPets P.O. Box 32288 Oakland CA 94604-3588 Forms are also available from our web site.

Thank you from TherapyPets

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