



VOLUNTEER APPLICATION

PERSONAL INFORMATION

NAME: _____

RESIDENCE ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

MAILING ADDRESS, IF DIFFERENT: _____

NUMBER OF YEARS IN SANTA FE: _____

LEVEL OF EDUCATION: _____

ON BEING A VOLLUNTEER AT ASSISTANCE DOGS OF THE WEST (if needed, use back of sheet)

Why do you want to volunteer with Assistance Dogs of the West?

What experience and skills do you have that you would like to use in a voluntary capacity with Assistance Dogs of the West?

What relevant special courses or training have you taken, if any, to prepare you to volunteer with Assistance Dogs of the West?

Do you have any experience working with dogs? If yes, please describe.

Do you have any experience in working with people with developmental disabilities? If yes, please describe.

What is your volunteer experience? Please list the organization(s) and the volunteer work you did at each organization(s).

VOLUNTEER OPPORTUNITIES:

ADW Office Administrative/Clerical/Dog Assistance: prepare information packets for potential clients; write stories/take photos for the newsletter/website/Facebook page; large event organization, e.g. Graduation; help with year-end correspondence; filing, shredding, setting up electronic mailings; assisting with dogs at the office, e.g. grooming, play groups, transporting dogs.

Puppy Raisers (the dogs are between 6 months to 1 year old): Puppy Raisers should be committed to the process as they provide valuable service for the dogs and ADW by reinforcing the trainings and providing different experiences. Puppy Raisers can be full time, weekends only or respite; Puppy Raisers must participate in introductory Puppy Raiser classes (1 hour/week for 8 – 12 weeks); Puppy Raisers learn Assistance Dogs of the West cues; Puppy Raisers have the dog in their home for bonding, socialization and to have new experiences; Puppy Raisers must participate in 90% of the advanced Puppy Raiser classes (1 hour/week while the dog is in the home); Public Access – The Puppy Raiser must gain the skills to pass the public access test. These skills are taught in the advanced classes. Puppy Raisers will complete all ADW required documentation. Puppy Raisers must be able to provide crate, leash, food, treats/treat bag, grooming kit; must have a fenced yard. Full time Puppy Raisers will need to bring the dog to the ADW office at various times for additional training. Weekend Puppy Raisers will pick up their dog on Thursday after class and will return the dog to the ADW office on Monday morning. Must be at least 18 years old.

Puppy Sitters (puppies from birth to 16 weeks): The puppies change significantly during this time so the responsibilities will change as they grow. Ensure the health, wellness and safety of the mother and the puppies; monitor feeding/rotation of the puppies; monitor the temperature of the whelping box; snuggle and cuddle the puppies after they are 2 weeks old; learn ADW Cues; clean puppy area; feed mother dog and puppies; walk mother dog; keep water refreshed; read daily log and document activities during the shift, noting behavioral changes; be on time to relieve ADW staff or volunteers; may support Sunrise Springs with overnight coverage. When the pups reach approximately 12 weeks, Volunteers will be required to attend training classes conducted by our professional trainers. This will provide the skills needed to support the training of the pups as they get older.

Partner with Youth Board: develop business partners; mentor new clients in first few months of getting a dog; participate in dog training with youth board member; participate in community events

Fundraising: liaison with new donors, foundations;

Marketing/Public Relations: run an informational donation table at community events; get your children involved and host a bake sale, educate your customers on where the monies are going and why; host an event, such as a cocktail party, at your home or business to introduce your family and friends to ADW; have your business sponsor a dog in their graduation year, the chosen canine will wear your company logo on their vest wherever they go in the community and make frequent stops to your business; open a conversation between ADW and your financial advisor. Develop allies in the financial community to promote ADW to their clients interested in making charitable contributions and estate bequests.

Volunteer Expertise: Special training that a volunteer could offer to Assistance Dogs of the West, e.g. CPR Trainer, Accountant, Photographer, Writer

REQUIREMENTS:

All volunteers must participate in Volunteer Orientation and other training classes specific to the volunteer activity.

Volunteers working with the dogs must be able to lift 20 – 50 pounds and must be able to bend and stoop.

Drivers – if you will be transporting dogs, please provide the following:

State issuing Driver’s License: _____ Expiration Date: _____

Driver’s License # _____

Please list any limitations you have that could affect your ability to volunteer with Assistance Dogs of the West.

VOLUNTEER PREFERENCES AND AVAILABILITY:

What days are you available to volunteer? _____

What hours are you available to volunteer? _____

From the descriptions above, please tell us how you would like to volunteer with Assistance Dogs of the West.

ANY ADDITIONAL COMMENTS AND INFORMATION YOU WOULD LIKE US TO KNOW:

Signature: _____ Date: _____



CONFIDENTIALITY

In the course of your work, you may have access to confidential information regarding Assistance Dogs of the West, its clients, student trainers, employees, vendors, donors and other parties with whom we do business. This may include information such as client history, student issues, donor information, credit card or financial information, Social Security numbers, background information, health information or other non-public information entrusted to the Company. You must hold all confidential information in the strictest confidence, and use it only for Company approved purposes.

You should not disclose confidential information to anyone outside the Company without prior management approval. Even within the Company, confidential information should be shared on a "need to know" basis. It is the responsibility of every employee and volunteer to safeguard all confidential information received by or pertaining to the Company.

Assistance Dogs of the West complies with New Mexico's Data Breach Notification Act. The key components of the act are: Disposal of Personal Identifying Information (PII); Security Measures for Storage of PII; & Notification of a Security Breach.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by ADW in any form, whether electronically, on paper or orally are kept properly confidential. This Act applies to all health care providers, it is intended to standardize health care information as well as ensure privacy and security of patient information. It is the responsibility of all ADW staff members and volunteers to comply with HIPAA.

Name (Printed): _____
Signature: _____ Date: _____



**ASSISTANCE DOGS OF THE WEST
MEDIA AUTHORIZATION AND RELEASE**

Name: _____

Subject to the terms and conditions set forth in this Agreement, I/we do hereby authorize Assistance Dogs of the West, its successors and assigns, and those acting under its permission and on its authority to copyright, use, and publish in perpetuity for:

- art
- sales materials
- advertising
- promotion, packaging, or trade
- any other lawful purpose whatsoever
- articles written or comments made by me
- photographs, pictures, portraits,
- images of me and or my dog(s) or other animal(s)
- in conjunction with my/our own fictitious name
- reproductions thereof in color or otherwise, made through any medium
 - Film
 - Video
 - Print
 - Website
 - Social Media

Any and all comments made by me are provided to Assistance Dogs of the West without receipt of any promise of consideration.

The undersigned warrants that he/she has full power and authority to grant all of the rights conveyed there under and hereby waives any right that he/she may to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied. The undersigned further agrees that this authorization and release binding upon his/her heirs, executors, administrators, successors and assigns.

The undersigned warrants that he/she is of full agreement and has every right to contract in his/her own name in the above regard, and further that he/she has read the above authorization and release, prior to its execution, and that he/she is fully familiar with the contents thereof.

Signature _____ Date _____

If the person signing is a minor, then parent or legal guardian must sign below. I,undersigned, hereby consent to the foregoing conditions and warrant that I have the authority to grant such consent.

Signature _____ Date _____



WAIVER OF LIABILITY & INFORMED CONSENT RELEASE

I, the undersigned, have volunteered myself in dog training classes, private consultations, workshops or other related activities offered by Assistance Dogs of the West (ADW). By signing hereunder, I certify that I have been informed and understand that there is always some unavoidable risk of injury involved when working with animals, especially animals with behavioral issues. I acknowledge that dogs can be inherently difficult to control and that not all dogs will be under control at all times resulting in the possibility of injury to myself, my dog, my family members, or third parties.

Additionally, I have had full opportunity to discuss all concerns I have about the foregoing risks with ADW and its authorized representatives. I have also made all inquiries and investigations to my satisfaction related to such risks, including, but not limited to, an examination of the training area (if applicable).

I hereby accept and assume, without reservation, all risks associated with my participation in the Classes, including, but not limited to: the risks of any and all injuries to myself, the dog I am working with, and any of my family members or third parties who may attend; the risks that any dog may cause injury to other persons and/or dogs involved in the Classes; and the risks that saliva, water, food, snow and/or other debris may be present in the training area.

As lawful consideration for participating in the classes, I, for myself, my heirs, executors, administrators, legal representatives, successors and assigns (the "Releasing Party"), hereby waive, release, discharge and agree not to sue and to indemnify, defend and hold harmless Assistance Dogs of the West (ADW) and their managers, agents, and employees (the "Released Party") from any and all injuries, losses, claims and damages to any person or persons of any nature whatsoever, including claims arising from the Released Party's own negligence, and all costs associated therewith, including attorney's fees, court costs and consultant fees, arising from my participation in the Classes.

This Waiver of Liability & Informed Consent Release shall be legally binding on the Releasing Party. Should the Releasing Party assert a claim to the contrary to what I have agreed to in this Waiver of Liability and Informed Consent Release, the claiming party shall be liable for all expenses (including attorney's fees, court costs and consultant fees) incurred by both the Releasing Party and the Released Party. No waiver or modification of any provision herein shall be valid unless expressly agreed to in writing by both the Released Party and the Releasing Party.

Every provision herein is intended to be severable. If any one or more of the provisions herein is found to be unenforceable or invalid, that shall not affect the other terms and provisions hereof, which shall remain binding and enforceable.

I represent that I am at least 18 years of age.

Participant Signature:

_____ Date: _____

Parent or Guardian Signature if under 18 years of age:

_____ Date: _____