



## 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 VOLUNTEER 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:**

**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; Once you have gained the experience and skill to take a dog home, you will be matched with the appropriate dog; You can then have the dog in the 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.

- Weekend Puppy Raisers will pick up their dog on Thursday after class and will return the dog to the ADW office on Monday morning.
- Full time Puppy Raisers will be required to participate in a set, consistent training schedule during the week. Full time Puppy Raiser privilege is determined by ADW staff and passing of the Public Access Test. Full time Puppy Raisers also attend the advanced Puppy Raiser classes (1 hour/week while the dog is in the home).
- Must be at least 18 years old.

**Puppy Sitters** (puppies from birth to 16 weeks): 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; housekeeping duties that may include laundry, keeping studio and pen clean; be on time to relieve ADW staff or volunteers; may support Sunrise Springs with overnight coverage.

The puppies change significantly during this time so the responsibilities will change as they grow. The following are guidelines of volunteer duties for the development stages for the pups:

- Birth to three weeks - more observation and intensive monitoring of the pups; little handling of the pups; ensuring pups are properly feeding; significant amount of note taking and record keeping
- Three to eight weeks - lots of changes for the puppies; pups are moving around a lot and are engaging with Mom, siblings and humans; continued observation and monitoring; teething begins; pups move to larger pen; volunteers are responsible for feeding; litter box cleanup
- Eight to twelve weeks - more challenging, complex expectations for volunteers; managing to puppy behavior (teething, jumping, gate crashing); feeding pups individually
- Twelve to sixteen weeks - volunteers are required to attend Advanced Volunteer Training classes conducted by ADW professional trainers. This will provide the skills needed to support the training of the pups as they get older; more intensive task training; higher expectations for pups and volunteers; socialization period is closing and pups are bigger and stronger, approaching adolescence

**Hiking with an Assistance Dog of the West:** This program allows Volunteers with proper training to take adult dogs out for hikes and walks in order to exercise the dogs, and provide companionship to the Volunteer. Volunteers will be able to take dogs on weekends, as well as during the week (as long as it does not interfere with regular class programming). Volunteers will be able to sign up for a 3 to 5 hour shift between 10:00 am and 3:00 pm, pick up a dog, go for a hike and return the dog. Premade hiking kits will be available for Volunteers.

**Requirements:** Volunteers interested in this program are required to take a two part class (1 ½ to 2 hours each). These classes will detail the skills and safety requirements for handling the dogs. Participating Volunteers will be required to keep the dog on a long-line/leash at all times, follow all protocols detailed in class, and schedule their adventure at least 24 hours in advance.

**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 that work with the dogs must be able to stand, bend, stoop, kneel, crouch and perform a variety of physical motions with hands, arms and legs and be able to lift 20 - 50 pounds in order to care for ADW dogs and pups.

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: \_\_\_\_\_



## 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 \_\_\_\_\_



## **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: \_\_\_\_\_



## 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: \_\_\_\_\_