



Paws for Love

Pet Assisted Therapy
P.O. Box 20925
Reno, NV 89515-0925
(775) 826-5199

APPLICATION FOR MEMBERSHIP

Registration in a nationally recognized pet therapy organization, Therapy Dogs Incorporated or Delta Society, etc (with approval) is required for membership in Paws for Love (prior to completion of this application).

Please send the completed application (two pages) and two letters of recommendation to the above address. You will be asked to pay a \$10 initiation fee for your dog and \$15 first year membership dues for a total of \$25 to become an active member following successful completion of the admissions and registration process. As a new member you will be given a membership card and 2 Paws patches either large or small depending on the size of your dog. There will be no fee charged for additional registered dogs as part of your Paws Membership but additional patches must be purchased (see below).

Active members must have a registered therapy dog. Active members are entitled to one vote at membership meetings. Support members do not have any of the above requirements and are not entitled to vote. Junior members are under 18.

Type of Membership

Active

Support

Junior

(Check one)

Personal Information

Name (s) _____

Address _____

City/State/Zip _____

Phone (s) _____

Email Address _____

TDInc/Delta Society # _____ Renewal Date _____

Dog Information

Name _____ Breed (best guess) _____ Birth date (best guess) _____ Male Female

Name _____ Breed (best guess) _____ Birth date (best guess) _____ Male Female

Member Statement:

I certify that I have read and understand all documents contained in the New Member Application Packet. I agree to abide by all that is contained in those documents as well as any other guidelines adopted by Paws for Love when working my dog under the name of Paws for Love. I agree to notify the Team Leader to who I am assigned the facilities I visit under the name Paws for Love, the schedule of those visits for each facility, any changes to regularly scheduled visits, and of the hours worked on a monthly basis.

I understand that Paws for Love does NOT provide liability or any other form of insurance while participating in visits or other activities under the name Paws for Love. I agree to hold Paws for Love harmless for any incidents that may occur while participating in therapy visits or other activities under the name of Paws for Love.

Signature _____ Print Name _____ Date _____

Can the above information can be made available to other PFL members. Yes No

Background & Personal Interests:

Please answer the following questions in order for us to learn a little about you, better understand your expectations of Paws for Love and learn what you may want to do as a member of the organization.

Where did you hear about Paws for Love?

Why are you interested in becoming a member of Paws for Love?

What types of facilities or specific facilities interest you for therapy work?

- Hospitals (VA Hospital, Renown South Meadows, St Mary's)
- Nursing Homes, Hospice, or Retirement Centers
- Paws to Read Library Program (Duncan Traner, NW, S. Valley's, Spanish Springs, Sparks, N. Valley, Verdi, Downtown)
- Paws to Read School Program (reading with children, special needs, or after school programs)
- Other _____

Please indicate any specific facility or locale interests:

In which PFL activities are you interested or would like to know more about? (Check all that are appropriate)

- Parade Participant
- Fundraising Activity Participant
- Administration Roles (annual)
- Community Outreach Events
- Special Events Participant
- Leadership Roles (annual)
- Social Event Participation
- Event Support Roles (ad hoc)

Please provide us with your preferences as to what you might like to do and a brief description of the skills and talents you bring with you.

How much time are you able to commit to PFL activities and Services? Weekly: ____hrs or Monthly: ____hrs

What is your philosophy of being a volunteer service provider?

Please use the remaining space to tell us anything else about yourself that you would like us to know and/or to ask any questions you may have.

Enclosure Check List:

Please ensure you have included the following with your application

- TDInc/Delta etc... Registration Card (copy)
- Application (completed)
- 2 Letters of Recommendation
- Additional Small Patch, 3" x 1 3/4" - \$4.50each
- Additional Large Patch, 5" x 3" - \$6.00each
- Check for Total Amount Due

Office Use Only: Check #: _____ Date: _____ Amount: _____