



VOLUNTEER APPLICATION

Patriot PAWS Service Dogs wants to thank you for your interest in helping us accomplish our mission of placing highly trained service dogs into the hands of our disabled veterans. We cannot carry out our mission alone, we rely on volunteers as an important resource in virtually all aspects of our daily operations as well as special events. Volunteers are valued and quickly become part of the Patriot PAWS Family. Please complete this application and sign up to attend a Volunteer Orientation and you will be well on your way to becoming a Patriot PAWS Volunteer!

Areas of Interest to volunteer include:

- VFP Corp (Veterans for PAWS)**
- Administrative**
- Kennels & Facilities/Grounds**
- Technology**
- Special Events and Projects**
- Ambassador**
- Puppy Raiser**

If you are interested in full-time volunteering with our **Puppy Raiser Program** please ask for more information.

Last Name: _____ First Name: _____ MI: _

Street Address: _____

City: _____ State: _____ ZIP: _____

Please fill out ALL contact information, and check preferred method:

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Email Address: _____

Month/Year of Birth: _____ / _____ (optional) What areas of volunteering most interest you:

How did you hear about Patriot PAWS? _____

Please tell us why you would like to volunteer at Patriot PAWS: _____



Please fill in the information below regarding your availability and frequency of volunteer hours. Patriot PAWS appreciates every hour a volunteer gifts to us. We do not require a minimum number of hours a volunteer can work.

Availability (Please check all that apply or indicate specific times)							
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many hours are you available? _____ Per Week? _____ Per Month?

Comments: _____

References		
Please list three personal references. Include complete addresses and phone numbers and where they can be reached.		
Name:	Address:	Phone:
1.		
2.		
3.		

I authorize Patriot PAWS Service Dogs to obtain references from my application.



Permission/Release of Liability

Recognition of Risks

Prior to my participation, or the participation of the minor(s) named above, in any activity sponsored by Patriot Paws Service Dogs ("Activities"), I acknowledge that there are certain risks associated with the Activities including, but not limited to, physical injury (including physical injury due to activity-related incidents, transportation-related incidents and interaction with animal-related incidents), illness, emotional distress and even death. I acknowledge that these risks are inherent in these Activities, and that these risks may not be eliminated by the exercise of ordinary care. In addition, I acknowledge that there may be other risks inherent in these Activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Release of Liability Form, I expressly warrant that I, and the minor(s) if named above, am physically and mentally capable of performing the Activities of this Organization, and withstanding both the physical and mental requirements and effects of the Activities of this Organization. I expressly assume all risks for me, and the minor(s) if named above, with respect to participating in the Activities, whether such risks are known or unknown to me at this time. I further hereby release fully and completely Patriot Paws Service Dogs and its leaders, employees, volunteers and agents (the "Organization") from any and all liability or claims that I, and the minor(s) if named above, may have against any or all of them as a result of injury or illness incurred during the course of participation in these activities, or arising from these Activities, directly or indirectly. This release of liability shall include, without limitation, any and all claims of negligence or breach of warranty. This release of liability includes all claims that any members of my, and any above-named minor's, family, beneficiaries, estate, heirs, representatives or assigns may have against this Organization. I further agree to indemnify and hold harmless this Organization from any and all claims arising from or related to my, and any above-named minor's, participation in any Activities or any physical injury, illness, emotional distress or death arising from or related to such Activities, directly or indirectly.

Adult Participant (Over 18 years of age)

I hereby agree to the Permission/Release of Liability Form above as pertaining to my participation in all functions, activities and special events of this organization.

Signature Date: _____

Witness Date: _____



MEDICAL CONSENT

First Aid and Emergency Medical Treatment Consent

I recognize that there may be occasions where I, and the minor(s) if named above, may be in need of first aid or emergency medical treatment as a result of an injury, illness or other health condition. I do hereby give permission for this Organization to seek and secure any medical care or treatment which they, in their sole discretion, reasonably believe to be necessary for me, and the minor(s) if named above, including transportation and admission to a hospital or other medical care facility. If for any reason I am unable to do so at the time any such medical care and treatment is offered, I hereby give permission for attending physician(s), nurses, EMTs, and other medical personnel to provide and render any medical care and treatment, including surgery, which they, in their sole discretion, reasonably believe to be necessary for me, and the minor(s) if named above I agree to pay all fees and costs arising from any such medical care and attention. I further agree to indemnify and hold harmless this Organization from any and all costs or claims arising from or related to my, and the minor(s) if named above, being provided such any such medical care or treatment.

Notwithstanding the forgoing paragraph, if I have elected to refuse to receive any emergency medical treatment as referred to above, for myself, or the minor(s) if named above, such refusal is indicated by my signed waiver* on the signatures page.

Medical Concerns

Special medical needs or concerns (include allergies, conditions, dietary needs, medications, etc.):

Emergency Contacts

Person(s) to contact in case of emergency:

#1 Name _____

Relationship (Parent/Legal Guardian/Adult Caregiver/Other) _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Email: _____

#2 Name _____

Relationship (Parent/Legal Guardian/Adult Caregiver/Other) _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Email: _____



REFUSAL OF EMERGENCY TREATMENT WAIVER

I choose and elect not to receive emergency medical treatment and/or transportation to a medical facility for me, or the minor if named above, even in the event the Organization deems it reasonable and necessary. I accept all potential risks and liabilities associated with this refusal of consent, including illness, injury, disability or even death. I hereby discharge and release the Organization from any and all responsibility for seeking or securing medical care and treatment for myself, and for the minor if named above, and I assume all responsibility for seeking and securing medical care and treatment for myself, and for the minor if named above. I agree that the Release of Liability above applies to any failure of the Organization to seek or secure emergency medical care and treatment for me, and for the minor if named above.

Signature

Date: _____

Witness Signature

Date: _____



Patriot PAWS Service Dogs Volunteer Confidentiality Agreement

Respecting the privacy of our clients, donors, members, staff, volunteers and all aspects of operations of the Organization is a basic value of Patriot PAWS Service Dogs.

Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the Executive Director or designee. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

Employees, volunteers and clients of Patriot PAWS may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of Patriot PAWS that such information must be kept confidential both during and after employment or volunteer service. Volunteers are expected to return materials containing privileged or confidential information at the time of separation from employment or expiration of service. Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

By signing below, I am acknowledging that I have read and understand the Volunteer Confidentiality Agreement and the expectation of practicing the strictest code of confidentiality during and after my service ends as a Patriot PAWS Volunteer.

Volunteer

Volunteer Coordinator

Printed Name

Printed Name

Date

Date



Volunteer HIPAA Compliance Signature Form

Commitment to Compliance

NAME OF VOLUNTEER _____

I have read and understand Patriot PAWS Service Dogs (Patriot PAWS) HIPAA Privacy Rule. I will comply with these requirements to the best of my ability and to immediately let the *Jay Springstead, Compliance Officer*, know if there is any area where I feel Patriot PAWS is not in compliance with these laws and program requirements.

Patriot PAWS' policy is a simple, yet powerful four-step process: Keep up-to-date, educate, comply and audit/correct.

- a) Patriot PAWS seeks to maintain **up-to-date** knowledge about the federal and state law pertaining to protection of our Applicant's Personal Health Information.
- b) Patriot PAWS **educates** our employees/volunteers and keeps them up-to-date about federal and state law as it applies to Personal Health Information.
- c) Patriot PAWS' policy is to **comply** with all federal and state law governing Personal Health Information.

Patriot PAWS desires that all our employees/volunteers are particularly cognizant of the fact that Personal Medical Information must be treated with utmost attention, accuracy, honesty, and integrity. Patriot PAWS' seeks to educate and carry out these policies with all our employees, volunteers and managers.

I agree with Patriot PAWS' policy and will do all I can to comply with all regulatory laws pertaining to Personal Medical Information. I understand that I may discuss any problems I feel may occur with Personal Health Information without worry of recourse with my supervisor or other supervisors.

Signature of Employee/Volunteer

Signature of Compliance Officer

Date

Date



Volunteer Handbook & Policy Acknowledgment Receipt

Patriot PAWS Service Dogs Volunteer Handbook contains important information pertaining to my volunteer service at Patriot PAWS. I understand that I should consult my supervisor or the volunteer coordinator if I have any questions about the information contained in the Volunteer Handbook.

Since the information, policies and programs described in the Volunteer Handbook are subject to change, I acknowledge that revisions to the Handbook may occur. All such changes will be communicated through official notices posted on the Volunteer Connection website and via email. I understand that revised information may supersede, modify, or eliminate existing policies and/or programs. I acknowledge that I have also attended the required Volunteer Orientation where an overview of policies contained in the Volunteer Handbook were covered.

A copy of this Policy and Procedures Manual has been given to me to retain for future reference. I acknowledge that this Volunteer Handbook is neither a contract nor a legal document. I understand this Handbook is not intended to cover every situation which may arise during my volunteer service, but is simply a general guide to the goals, policies, practices, programs and expectations of Patriot PAWS. I have received the Volunteer Handbook and I understand that it is my responsibility to read and comply with the policies contained in this Handbook and any revisions made to it.

Applicant Signature: _____ Date: _____

Print Applicant Name: _____

Witness Signature: _____ Date: _____

Print Witness Name: _____



Permission/Release of Liability for Minors

Please provide **minor participant's** information:

Last Name: _____ First Name: _____ AGE: _____ DOB: _____

Last Name: _____ First Name: _____ AGE: _____ DOB: _____

Last Name: _____ First Name: _____ AGE: _____ DOB: _____

Last Name: _____ First Name: _____ AGE: _____ DOB: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Medical Concerns

Special medical needs or concerns (include allergies, conditions, dietary needs, medications, etc.):

If the **participant** is a minor, print the name(s) of parent(s)/legal guardian(s) below:

Recognition of Risks

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Release of Liability

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Minor Participant

I represent that I am the parent/legal guardian of (list all minors that will participate _____)

I have read the above Permission/Release of Liability Form and I fully understand the contents thereof. I give permission for the minor named above to participate in the Activities of this Organization, including any special events/activities described above. In consideration for allowing the participation of the minor named above in these Activities, I hereby consent to the Permission/Release of Liability Form above on for myself and on behalf of the minor named above, and agree that this Permission/Release of Liability Form shall remain binding upon me, my family, heirs, legal representatives, successors and assigns, unless I revoke the same in writing and deliver such written revocation to the Organization and obtain a receipt from the Organization acknowledging delivery of such revocation.

_____ Date: _____
Signature of Parent or Legal Guardian

_____ Date: _____
Witness Signature



MEDICAL CONSENT FOR MINORS

First Aid and Emergency Medical Treatment Consent

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Notwithstanding the forgoing paragraph, if I have elected to refuse to receive any emergency medical treatment as referred to above, for myself, or the minor(s) if named above, such refusal is indicated by my signed waiver* on the signatures page.

Medical Concerns

Special medical needs or concerns (include allergies, conditions, dietary needs, medications, etc.):

Emergency Contacts

Person(s) to contact in case of emergency:

#1 Name _____

Relationship (Parent/Legal Guardian/Adult Caregiver/Other) _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Email: _____

#2 Name _____

Relationship (Parent/Legal Guardian/Adult Caregiver/Other) _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Email: _____



REFUSAL OF EMERGENCY TREATMENT WAIVER FOR MINORS

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Signature Date: _____

Witness Signature Date: _____