



## 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!

Please complete all sections highlighted in yellow as applicable:

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.

If you know days and times you would most likely be able to volunteer, please complete info below.

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.

Date: \_\_\_\_\_

Signature

*Terri Stringer, Assistant Executive Director*

Date: \_\_\_\_\_

Patriot PAWS Representative



### Media Release Statement

Patriot PAWS Service Dogs periodically uses electronic, traditional and social media (e.g. photographs, video, audio, footage, testimonials, Facebook, Twitter) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to Patriot PAWS and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration of me.

I understand that I will need to notify Patriot PAWS Service Dogs if any changes to my situation occur that will impact this media release permission.

**I have read the above release and am aware of its contents.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

PPSD Rep Terri Stringer, Assistant Executive Director

Printed Name Terri Stringer

Date \_\_\_\_\_



## MEDICAL CONSENT (Minor Children)

### Names of Minor Children Volunteers:

\_\_\_\_\_  
\_\_\_\_\_

### First Aid and Emergency Medical Treatment Consent

I recognize that there may be occasions where my minor child/children 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 Patriot PAWS to seek and secure any medical care or treatment which they, in their sole discretion, responsibly believe to be necessary for my minor child/children, 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 my minor child/children, and I agree to pay all fees and costs arising from any such medical care and attention. I further agree to indemnify and hold harmless Patriot PAWS from any and all costs or claims arising from, or related to care being provided for any such medical care or treatment.

By my signature below, I agree to the aforementioned emergency care if needed:

\_\_\_\_\_  
Volunteer Signature/Date

\_\_\_\_\_  
Patriot PAWS Signature/Date

**Medical Concerns – Special Medical needs, or concerns (including 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) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

#2 Name \_\_\_\_\_

Relationship (Parent, Legal Guardian/Adult Caregiver/Other) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_



## MEDICAL CONSENT (ADULT)

### First Aid and Emergency Medical Treatment Consent

I recognize that there may be occasions where I 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 Patriot PAWS to seek and secure any medical care or treatment which they, in their sole discretion, responsibly believe to be necessary for me, 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 that 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 I agree to pay all fees and costs arising from any such medical care and attention. I further agree to indemnify and hold harmless Patriot PAWS from any and all costs or claims arising from, or related to care being provided for any such medical care or treatment.

By my signature below, I agree to the aforementioned emergency care if needed:

\_\_\_\_\_  
Volunteer Signature/Date

\_\_\_\_\_  
Patriot PAWS Signature/Date

**Medical Concerns – Special Medical needs, or concerns (including 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) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

#2 Name \_\_\_\_\_

Relationship (Parent, Legal Guardian/Adult Caregiver/Other) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_



**COMPLETE THIS FORM ONLY IF YOU CHOOSE TO DECLINE EMERGENCY TREATMENT**

**REFUSAL OF EMERGENCY TREATMENT WAIVER**

I choose and elect NOT to receive emergency treatment and/or transportation to a medical facility for me, or the minor(s) as named below, even in the event Patriot PAWS 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 release Patriot PAWS from any and all responsibility for seeking or securing medical treatment for myself, and for the minor, if named below, and I assume all responsibility for seeking and securing medical care and treatment for myself, and for the minor if named below. I agree that the Release of Liability above applies to any failure of Patriot PAWS to seek or secure emergency medical care and treatment for me, and for the minor if named below.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of adult volunteer

\_\_\_\_\_ Date \_\_\_\_\_  
Patriot PAWS Signature

This Refusal of Emergency Treatment Waiver includes the following minor children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## 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**

\_\_\_\_ *Terri Stringer* \_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
**Printed Name**

\_\_\_\_ Terri Stringer \_\_\_\_\_  
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**

\_\_\_\_ *Terri Stringer* \_\_\_\_\_  
Signature of Compliance Officer

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Date



## Standards of Conduct

As a volunteer and ambassador for Patriot PAWS Service Dogs, you have a responsibility to the organization, staff and peers to adhere to certain rules of behavior and conduct. Standards of conduct and performance are necessary to achieve goals and some are needed to help everyone work together efficiently, effectively and harmoniously.

Patriot PAWS has provided a list of unacceptable behaviors that violate our standards of conduct and fail to meet performance standards. Note that the following list of unacceptable activities does not include all types of conduct that can result in disciplinary action, up to and including termination of volunteer status.

- Negligence or any careless action which endangers the life or safety of another person or animal
- Being intoxicated or under the influence of a controlled substance (legal or illegal) or alcohol while performing volunteer services or representing Patriot PAWS
- Use, possession or sale of controlled substance (legal or illegal) in any quantity while on organization premises, during organization event or while representing organization
- Engaging in criminal conduct or acts of violence or making threats of violence toward anyone on company premises or when representing Patriot PAWS; fighting or provoking a fight on organization property, or negligent or malicious damage of property
- Insubordination
- Theft or unauthorized possession of organization property, including documents, equipment, animals. This includes property of staff, peers or clients
- Dishonesty, falsification or misrepresentation on your volunteer application or other records pertaining to your volunteer service or role at organization
- Spreading malicious gossip and/or rumors, engaging in behaviors that creates discord and lack of harmony
- Immoral conduct or indecency on organization property or at organization event. This includes obscene or abusive language toward supervisor, staff, peer, client or public.

## HARASSMENT

Patriot PAWS is committed to maintaining a positive environment that is free of discrimination. In keeping with this commitment, we will not tolerate unlawful harassment of staff, peers, clients or public. Harassment consists of unwelcome conduct, whether verbal, physical or visual, that is based on a person's race, color, national origin, religion, age, sex, gender, disability or veteran status.

This policy includes sexual harassment. Unwelcome sexual advances, requests for sexual favors or other physical, verbal or visual conduct based on sex constitutes harassment when (1) submission to the conduct is required as a term or condition of volunteer service or role or promise of employment or (2) the conduct unreasonably interferes with an individual's ability to perform or complete task or assignment, creates an



intimidating, hostile or offensive environment. Sexual harassment may include sexual propositions, innuendo, suggestive comments, sexually oriented jokes or teasing, or unwelcome physical contact such as patting, pinching or brushing against another.

## **BULLYING**

Patriot PAWS defines bullying as “repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others. Such behavior violates Patriot PAWS Volunteer Rights and Responsibilities, which clearly states that all volunteers will be treated with dignity and respect.

By signing the Standard of Conduct, I understand the expectation of me as a Patriot PAWS volunteer to conduct myself in a professional, courteous and moral manner while representing Patriot PAWS, on Patriot PAWS property or in any other role as assigned by organization as a volunteer. I further understand that failure to comply with the Standard of Conduct can result in disciplinary action up to and including termination of volunteer status.

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**Volunteer Signature**

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**Date**

*Terri Stringer, Assistant Executive Director*

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Patriot PAWS Representative

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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: \_\_\_\_\_

PPSD Rep: *Terri Stringer, Assistant Executive Director* \_\_\_\_\_ Date: \_\_\_\_\_

Print Witness Name: \_\_\_\_\_ Terri Stringer \_\_\_\_\_

**CONFIDENTIAL**

**Background Check Authorization**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize \_\_\_\_\_ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to \_\_\_\_\_ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. \_\_\_\_\_ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to California, Minnesota and Oklahoma Residents:**  
Please check the box below if you wish to receive a copy of a consumer report that is requested.  
 I wish to receive a copy of any Background Check Report on me that is requested.