



## VOLUNTEER APPLICATION

### PERSONAL INFORMATION

**NAME:**

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**STREET ADDRESS:**

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**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**MAILING ADDRESS, IF DIFFERENT:**

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**PERSON TO NOTIFY IN CASE OF AN EMERGENCY** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_

**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?

How did you learn about 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 (must be at least 18 years old):**

**Puppy Raisers** (the dogs are between 8 months to 2 years old): Puppy Raisers should be committed to the process as they provide valuable service for the dogs and Assistance Dogs of the West (ADW) by reinforcing the trainings and providing different experiences. Puppy Raisers can be Full time, Part Time or Substitute. A home visit will be conducted prior to starting Puppy Raiser classes. Puppy Raisers must participate in introductory Puppy Raiser classes (8 to 12 total training hours) that includes video trainings, classroom training and hands on working with the dogs. Puppy Raisers learn ADW cues and how to use the cues. Puppy Raisers must participate in 90% of the Advanced Puppy Raiser classes (1 1/2 hours every two weeks while the dog is in the home). 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 for the dog to have experiences in a home environment. It is recommended that Puppy Raisers participate in Rail Trail Walks to gain dog handling skills.

Public Access -- the Puppy Raiser must gain the skills to pass the Public Access Test (PAT). These skills are taught in the advanced classes. Puppy Raisers that pass the PAT with their dog must participate in the ongoing Advanced Puppy Raiser classes while the dog is in the home. You must pass the PAT with each dog that you raise.

Puppy Raisers will complete all ADW required documentation. Puppy Raisers must be able to provide crate, leash, food, treats/treat pouch, grooming kit; and must have a fenced yard (5 ft. to 6 ft.).

Puppy Raisers will feed their dogs breakfast and dinner

**Part Time Puppy Raisers** will attend Advanced Puppy Raiser class (day/time to be determined). Part Time Puppy Raisers will pick up the dog at 4:00 on Thursdays at the ADW office. The Puppy Raiser will return the dog to the ADW office on Monday morning at 8:30.

**Full Time Puppy Raisers** will pick the dog up at 4:00 at the ADW office Monday through Thursday and will drop their dog off at 8:30 at the ADW office Monday through Thursday. Full Time Puppy Raisers pick up their dog on Thursday at 4:00 and will have the dog in their home through the weekend.

**Puppy Sitters** (puppies from birth to 16 weeks): Ensure the health, wellness and safety of the mother and the puppies at the ADW Puppy Enrichment Center (PEC); monitor feeding/rotation of the puppies; monitor the temperature of the whelping box; gently 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 and/or volunteers.

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. Puppy Sitters will be provided with a PEC Volunteer Protocol & Information Manual for each stage of pup development:

**Birth to three weeks** – more observation and intensive monitoring of the pups; little handling of the pups; ensuring pups are properly feeding; ensuring the health & safety of the pups; significant amount of note taking and record keeping.

**Three to six weeks** – there are many 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.

**Six to twelve weeks** – more challenging, complex expectations for volunteers; managing to puppy behavior (teething, jumping, gate crashing); feeding pups individually; exercising pups.

**Twelve to sixteen weeks** – the ADW Trainers are working with the pups on more intensive task training; pups are taken out of the PEC for outings and exposure in the world; exercising pups; higher expectations for pups and volunteers; socialization period is closing and pups are bigger and stronger, approaching adolescence. It is recommended that Puppy Sitters participate in Rail Trail Walks to gain dog handling skills.

**Rail Trail Walks:** Work with dogs 7 months and older at the ADW training center. One hour in the morning twice a week. Hours will change seasonally and days of the week may vary based on Trainer and dog availability. ADW Trainers will lead volunteers on walks on the rail trail. Volunteers will be trained on proper dog handling protocols. Once volunteers become proficient with walking the dogs, they may take a dog for a walk on their own. The Trainer will assign dogs to the volunteers. Volunteers will bring their own leash and

treat pouch and water for themselves and the pup. Volunteers will complete an online Volunteer Feedback form after each walk.

**Vet Transport:** Accompany ADW staff on veterinary appointments to handle the dogs in the lobby.

**Outside Training Yard Activities – weather permitting:** Participate with an ADW Trainer at the ADW Training Center in outdoor exercise activities with the dogs, i.e., up and over equipment, fitness equipment, tunnels, exercise equipment.

**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.

**From the descriptions above, please tell us how you would like to volunteer with ADW:**

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**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.

Assistance Dogs of the West Volunteers are not covered by ADW liability Insurance.

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 & AVAILABILITY:**

What days are you available to volunteer? \_\_\_\_\_

What hours are you available to volunteer? \_\_\_\_\_

**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, volunteers, 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 and express permission from the applicant or client. 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)**

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.

In the course of your employment or as a volunteer you may have access to certain Protected Healthcare Information (PHI). Federal Privacy Regulation in 46 CFR parts 160 and 164 promulgated under HIPAA govern the use and disclosure of the PHI. Based upon those provisions, you agree as follows:

1. As used in this agreement, the following terms have the following meaning:
  - a) Covered Entity – is a health care clearing house or health care provider who transmits information in an electronic format in connection with a transaction covered under HIPAA
  - b) Disclosure – the release or provision of access to, or divulging in any manner of information outside the entity holding this information

- c) PHI- any health information, including demographic information, collected from an individual, transmitted or maintained in any form or medium that:
  - I. Is created or received by a health care provider, health plan, employer or health care clearing house; and
  - II. Related to the past, present and future physical or mental health or condition of an individual; and
  - III. Related to the provision of health care to an individual or
  - IV. Relates to past, present or future payment for a provision of health care to an individual; and
  - V. Identifies the individual; or
  - VI. With respect to which there is reasonable basis to believe the information can be used to identify the individual
- d) Research – a systematic investigation, including development, testing and evaluation, designed to develop or contribute to general knowledge.
- e) Use – the sharing, employment, application, utilization, examination or analysis of information within entity that maintains such information
- 2. ADW can only disclose PHI in a limited data set for the purpose of research, public health activities or healthcare operations.

You will 1) not use or further disclose the PHI other than permitted by this agreement or otherwise required by law; 2) use appropriate safeguards to prevent the use or disclosure of PHI other than as provided by this agreement; 3) report to ADW any use or disclosure of PHI not provided for in this agreement, within five working days after you become aware of such unauthorized use or disclosure; and not use PHI in any manner to identify the information to which it pertains.

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 programs or 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 ADW activities, 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 ADW activities, 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, employees and other volunteers (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 ADW programs and activities.

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: \_\_\_\_\_





**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 \_\_\_\_\_