**SHADOWLEE CANINE THERAPY TEAM**

**VOLUNTEER GUIDELINES**

My animal and I have successfully completed Shadowlee Canine Therapy Teams (SLC) required training classes. SLC has on file from me a current satisfactory Veterinary examination form, reflecting a satisfactory veterinary health examination including, among other things, a current rabies vaccination as required by law and a satisfactory fecal screening and listing my animal’s other current vaccinations or other preventives.

I am responsible for:

* Making sure that my animal has no external parasites or open wounds and is, to the best of my knowledge, otherwise in good health.
* Controlling my animal only with acceptable equipment as determined by trainers. Acceptable equipment does not include:
	+ Retractable or flex leashes
	+ Choke and prong collars
	+ Electric or chemical spray collars
* Having sole control of my animal at all times and never handing off my animal or his leash or collar to another person.
* Confining my visit to one hour or less.
* Wearing my identification badge and any identification required by the facility.
* Making sure my animal wears identification required by the facility or SLC.
* Having suitable materials to clean up and sanitize, if my animal has an accident, and doing so if necessary.
* Immediately removing my animal from the premises if he/she shows any signs of aggression or illness.

I will not:

* Bring a female therapy animal to a facility while she is in heat.
* Permit anyone other than myself to visit a facility with my therapy animal.

While I am an SLC Volunteer I will:

* Report to my SLC training director regarding my SLC activities, any unusual or disturbing events, or suggestions, if any, for improvements.
* Re-register my animal on an annual basis.
* Notify my SLC trainer if my animal shows any signs of aggression towards humans or other animals.
* Have my animal re-evaluated by an SLC trainer if my animal appears to be behaving in a troublesome manner at any time.
* I will volunteer only at a facility as directed and authorized by SLC Director.
* I will not have any direct or indirect contact with the facility where I have been placed or any other facility on behalf of SLC.
* I will follow my SLC Director’s program as to place, activities, dates and times of service.
* Preserve the privacy and confidential health and other information of facility clients. I agree in any event that I will not take photographs, videos or other images anything within a facility.
* Inquire about or disclose or discuss a facility client’s health, personal matters or personal information.

TERMINATION VOLUNTARY OR INVOLUNTARY

If I am no longer a SLC Volunteer I agree and understand that:

* My therapy animal shall no longer wear the SLC vest at any facility.
* I shall no longer use any identification associated with SLC.
* I shall not represent that I am in any way associated with or part of SLC.
* I shall not volunteer in any facility in which SLC has set up therapy programs.

I understand and agree to all the above guidelines.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are under the age of 18, your parent or legal guardian must also sign and complete the following:

I am the parent or legal guardian of the person signing the above Guidelines (the volunteer) and I consent and agree to the signing of the Guidelines set forth above:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_