

***Extra Mile K9 Crisis Response Team Volunteer
Application***
(Confidential)



Please Print

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home _____ Work _____ Cell _____

Email _____

Person to contact in case of emergency: _____

Relationship to you _____

Home _____ Cell _____

Have you ever been convicted of a crime other than a traffic violation or misdemeanor?

Yes _____ No _____

If yes, please explain:

Would you be willing to have a background check? Yes ___ No ___

Have you ever been convicted of abusing, neglecting, or mistreating individuals or animals?

Yes ___ No _____

Please list one (1) personal and one (1) business or volunteer-related character reference, not related to you, whom we may contact:

Name _____ **Relationship** _____

Address _____

Home _____ **Work** _____

Name _____ **Relationship** _____

Address _____

Home _____ **Work** _____

Are you a member of a church? Yes ___ No ___

If yes please give us the:

Name of church _____

Address _____

Phone number _____

Pastor's name _____

May we contact your Pastor for a letter of reference?

Yes _____ No _____

(Please feel free to answer the following questions as fully as you feel necessary. If you need additional space, please feel free to answer on a separate sheet and attach to this application.)

About Your Interest in The Extra Mile K9 Crisis Response Volunteer Team Program :

Describe why you are interested in becoming part of our team:

2. What personal and/or spiritual gifts or strengths do you believe you have that would help you serve as a *Team Volunteer*:

3. Please tell us about any experience(s) and or training you may have (employment history, volunteer work, and education, personal experiences) which you think may be helpful to you as a Team volunteer:

4. Are you willing to commit to training for *yourself* in preparation for commissioning as a Team Volunteer? Yes ____ No____

(Please note: The rest of the application is for volunteers for our K9 Teams) Please sign the last section

5. Are you willing to commit to whatever time is necessary to prepare your dog for this specialized crisis ministry? Yes ____ No ____

If not, please explain:

About Your Dog: (Please fill this section out for each dog you would like to work with the Extra Mile Team. Please note you will be asked to fax proof of health and training information once your application is recieved)

Name _____ Breed _____ Age _____

Male _____ Female _____

How long have you owned this dog or has he/she resided with you? _____

Veterinarian

Name _____

Address _____

Phone _____

Dates of last Rabies Inoculation _____ Neutered/Spayed? Yes ____ No ____

Has your dog had any experience in pet visitation or pet therapy? Yes ____ No ____

Explain:

Is your dog certified by any other pet therapy organization? (Delta Society, Therapy Dogs International, CGC etc.) Yes___ No___ If yes, which one? _____

Date certification expires: _____

Has your dog had any formal obedience training? Yes___ No___

If yes, where? _____ Level completed: _____

Why do you believe your dog is a suitable candidate to be a part of a crisis response team?

Is your dog on regular monthly flea preventative/treatment? Yes___ No___

If yes, which product? _____

6. Does your dog have any significant current medical conditions? Yes___ No___

If yes, what are they and how do they affect your dog?

7. Does your dog take medication regularly other than monthly heartworm preventative?

Yes___ No___ If yes, what? _____

If not currently certified, would you be willing to have your dog assessed for crisis response comfort dog potential by one of The Extra Mile Team? Yes___ No___

10. Has your dog **EVER** shown aggression (bark angrily, growl, snap, bite, lunge) toward **another dog**? Yes___ No___

If yes, please explain the circumstances:

11. Has your dog **EVER** shown aggression (bark angrily, growl, snap, bite, lunge) toward a **person**? Yes___ No___

If yes, please explain the circumstances and whether it was a male, female, child, adult, etc.

Thank you for completing this application.

Please read and sign below:

The information I have provided in this application is true and complete to the best of my knowledge. If selected as an Extra Mile Team volunteer I agree to: participate in training, test and certify my dog, attend in-service meetings, and keep my dog active in comfort and service work.

I will hold as absolutely confidential all information that I may obtain directly or indirectly concerning victims, survivors, emergency personal, patients, residents, students, staff or clients with whom I visit. My services and those of my certified crisis response dog will be donated to without contemplation of compensation.

I realize when grants are available The Extra Mile Ministries will offer reimbursement for travel. Other times the costs of travel housing etc will be paid by the volunteer. I will seek fundraiser opportunities thru church or civic organizations to help costs associated with crisis response work.

Signature_____Date_____

Please mail or fax this completed application to:

Extra Mile Ministries
2206 Luz Way
Oceanside, Ca. 92056
Fax 228-594-1008