

Human Animal Link of Oklahoma Foundation

Member Application Form

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information:**

Primary Handler Name (last, first, middle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Handler Name (last, first, middle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Junior Handler (last, first, middle, age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Junior Handler must be your child, must live in your residence, and must be 10 years of age.**

Volunteer Availability (circle, please) Weekdays -M T W Th F; Evenings- M T W Th F; Weekends-M T W Th F Preference: AM\_\_\_PM\_\_\_

**Pet Information:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rescue\_\_\_\_\_\_\_\_\_\_\_\_

Number of years as a family member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dual Residence? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

**Level of Obedience Training:**

**Note: H.A.L.O. Therapy Dogs may not have participated in training for personal protection.**

Basic\_\_\_\_\_\_\_\_\_ Intermediate \_\_\_\_\_\_\_\_ Advanced (off leash) \_\_\_\_\_\_\_\_\_\_ None\_\_\_\_\_\_\_\_

American Kennel Club (AKC) Canine Good Citizen awarded? Yes\_\_\_\_\_ No\_\_\_\_\_ Date of test\_\_\_\_\_\_\_\_\_

**Current Work Status: Employed\_\_\_\_\_ Retired\_\_\_\_\_ Unemployed\_\_\_\_\_ Receiving Disability\_\_\_\_\_\_**

**PLEASE READ CAREFULLY**

**Have you ever been convicted or pled guilty to a crime, or received a deferred sentence? Yes ( ) No ( ) If yes, please describe in detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**I understand that all information made in this application is true and complete to the best of my knowledge.**

**I understand that during the length of time my pet and I are volunteers of H.A.L.O., the therapy vest is on loan. Should my active volunteer status change, I agree to contact Natalie Cunningham at** [**ncunningham@coxconventioncenter.com**](mailto:ncunningham@coxconventioncenter.com) **and make arrangements to return the vest.**

**I agree to conform to all rules and regulations as stated in the Rules and Regulations Form. I understand my disregard of these rules, guidance, or direction regarding HIPAA regulations may result in my dismissal.**

**I agree that at any time my dog might behave in a manner of aggression, anxiety, or stress that is different than at the time of my evaluation, I will act responsibly as the sole advocate, leave the volunteer site promptly, and contact Natalie Cunningham at** [**ncunningham@coxconventioncenter.com**](mailto:ncunningham@coxconventioncenter.com) **with a description of the incident.**

**All H.A.L.O. partnership facilities are smoke free and respect our level of professional manner. I agree to refrain from making visits after smoking for the health of all, and will, prior to and during all visits, refrain from alcohol or drug use.**

**I agree to keep my pet in the very best of health and cleanliness, and understand H.A.L.O. must have access to current veterinarian records. Failure to do so could result in dismissal.**

**Photography Policy**

**Human Animal Link of Oklahoma (H.A.L.O.) will protect the privacy of those we serve and visit with respect to photographs, photography by cell phones or other electronic/media devices, videotapes, and/or audio tape recording (hereinafter referred to collectively as “photographs”). In furtherance of this policy, the following guidelines are adopted:**

**1. H.A.L.O. volunteer therapeutic teams may not take photographs of patients, staff, teachers, students or other persons during a visit.**

**2. Staff, family members, or those receiving the visit may photograph the visiting team, if the handler consents. These individuals mentioned must use their personal phones.**

**3. H.A.L.O. handlers are not required to be in photos, video and/or audio recordings or to permit their dogs to be photographed.**

**4. H.A.L.O. handlers may photograph themselves and their dogs during visits and at facilities provided no other person is depicted in the photograph. Handlers may share such photographs in any manner they choose, including, but not limited to social media. However, handlers are responsible for insuring that any such photographs comply with the applicable policies of the facilities they are visiting.**

**5. If staff, family members, or those receiving the visit choose to take photographs of the H.A.L.O. team and share that photograph with the handler, such as through social media, the handler may then share that photograph.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This form must be submitted to Natalie Cunningham at** [**ncunningham@coxconventioncenter.com**](mailto:ncunningham@coxconventioncenter.com) **at least one week prior to scheduling your performance evaluation.**