



ANGEL PAWS APPLICATION/AGREEMENT

~ THE POWER OF PAWS ~

Angel Paws
PO Box 21752
Waco, TX 76702-1752
Phone: 254-840-3867
Fax: 254-840-9775
Email: AngelPaws@hotmail.com

STOP IF YOU ARE NOT DELTA REGISTERED. YOU MUST BE DELTA REGISTERED TO JOIN ANGEL PAWS.

If you would like to be considered for membership in Angel Paws please complete the following. Your responses, along with your evaluation will be taken into consideration when determining your suitability for our program. Your responses to this is the first step. **By now you will have passed your evaluation for certification into Delta Society or you already are Delta Certified.**

You will be expected to attend the Pet Partners class given by Angel Paws at a reduced rate. If you have taken it within the last 2 years you will NOT be required to take it a second time. You will also need an orientation class by Providence Health Care System (PHC) before you and TB test. These classes are given every Monday and last approximately 6 hours. They are provided by PHC at no cost to you. Once you have sent in your application you will receive a letter of recommendation to be sent in so you can be set up to attend the class.

You will be assigned a mentor who will train, observe and evaluate your performance. Mentoring will serve as the final review to determine if you and your dog possess the attitude, behavior, professionalism required as a member of the group. Remember that as a member you are representing Angel Paws, Delta Society and the Providence Health Care System.

Please take time and answer these questions to the best of your ability.

Why do YOU want to join Angel Paws? _____

What do YOU feel you can contribute to the group/program _____

Doing Pet Therapy requires people with good social skills who are able to interact with people from a variety of educational/professional backgrounds. How do you feel you can deal with this? _____

We communicate very often through E-Mail. Will that be an issue with you? Comments please :



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Do you understand the "Angel Paws" uniform that you and your dog wear are only to be used when you are working in one of the Providence facilities or for official Angel Paws events. If you do any volunteer work on your "own" you should not be wearing the group uniform. Comments:

Membership in the group requires that you must make a commitment to visit one of the Providence facilities at least twice a month. We also require that 6 or the 12 monthly meetings be attended, and you participate in at least 3 additional activities such as selling calendars, talking with groups that we arrange, evaluations, classes. If you are unable to make this commitment of time, perhaps you should consider visiting on your own? Comments please _____ :

Are you presently Delta Certified. If yes — Delta # _____ Retest By Date (located on your badge) _____

When you became Delta certified did you attend a hands on training class or learn the skills through the Delta manual? _____

If by manual — you will be required to attend the hands on training session. The cost is at a reduced rate of \$20 which will cover printing, lunch etc. This is for us to initially see how you interact with some of the members in the group. It is highly important that we keep a cohesive group and if you are unable to initially get along with the members who volunteer to train folks initially may indicated that Angel Paws is not for you. Are you willing to take the class, it is one day about 6 hours. It is available once a quarter and you only have to do it before having mentor assigned? _____



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Background Evaluation

We are interested if you have ever done any Assisted Animal Therapy or have taken your dog to any organization or group for either discussions or educational purposes. We are interested in where, when and if there is someone we can contact you ask how you and your dog conducted yourselves as well as interacted with the people around you. The places can be a hospital, therapy setting, school, nursing home, or any other organization such as a Cub Scout group.

Have you ever done any AAT or other work with organizations with you and your dog? Yes ___ No ___

If yes please fill in the information below and no sign your name at the end this section indicating you information is true. **If no** sign your name at the end this section indicating your information is true.

Organization _____ Date or Dates _____

Give a short overview of what you did there.

Did you have any issues with the organization that you may want to share with us?

May we contact someone there to request information about your performance? Yes ___ No ___

If yes please give us a name and phone number. If you would prefer us not to could you explain why?

By signing your name below you are giving us permission to contact these people you identify as have do AAT and had other interactions with you and your dog. You are also indicating that this information is true.

Name _____ Date _____

❖ If there is more than one organization please use the back for more space.

We are very adamant to keep Angel Paws a united team environment. Back biting, false accusations, harmful E-Mails will not be tolerated. We feel that if you have an issue with a member you need to address it with that member. To not act in that manor would be disrespectful and immature. If you have tried to discuss the issue with the member and nothing has been resolved the next step would be to present it facts to the board. The board would then decide who to handle the issue. Do you have any issues with this?
Comments ?

Please initial and date to verify you have read the above paragraph _____



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As part of the application process, you will have a mentor assigned to work with you for a minimum of 3 visits. Your mentor will serve as your trainer and evaluator during these visits. His (her) comments, recommendations and "constructive criticism" are a means of helping you learn how to do safe visits. You must check your ego at the door and LISTEN to the mentor and understand their role. Based on those visits, your mentor will make recommendations to the board regarding your performance, suitability to work in a health care setting and membership in the group. The Board of Directors will review your application along with your evaluation and vote whether to accept you for membership in the program. Comments regarding this process please:

Any additional comments you would like us to consider:

You must remain in good standing with the group and abide by the policies or you will be removed and all uniforms must be returned.

Your signature will confirm that you will abide by the policies and procedures of Delta Society, PHC and Angel Paws and if you are accepted into the Angel Paws program and that you will represent the program appropriately.

Name: _____ Date _____

Address: _____

Birthday – Yours _____ (mm/dd) Your Pet _____ (mm/dd/yy)

Phone : _____ E-Mail Address: _____

Signature: _____

To be completed by Board of Directors:

Date Application Received by President _____

Mentor Assigned _____

Date Mentoring Completed _____

Board Decision _____

Board Comments:

Date _____

Please return ASAP to: Angel Paws, PO Box 21752, Waco, Texas 76702-1752. If you have any question please feel free to contact us at AngelPaws@hotmail.com or 254-840-3867.