

St. John Ambulance Therapy Dog Program

Volunteer Information/Application Package



Welcome to St. John Ambulance! And thank you for showing interest in volunteering with our Therapy Dog Program. The Therapy Dog Program takes volunteers and their dogs into hospitals, seniors' residences or nursing homes on a weekly basis. Through petting, affection, and regular visitation, many people benefit both physically and emotionally from the unconditional love of a dog.

The following information will provide you with a brief outline of the steps involved for you and your dog to become a St. John Ambulance (SJA) Therapy Dog Volunteer Team.

In order to process your application, the application form must be filled out and returned to the Program Coordinator either through e-mail, mail, or fax. The following forms must be forwarded along with the application or shortly thereafter.

- **Veterinary Certification** – see below. This form must be submitted PRIOR to the Evaluation.
- **Criminal Records Check with Vulnerable Sector Check** – this form will be completed at the Orientation.
- **Two References** – forms are below.
- **Electronic Photographs** - please email a photograph of yourself and your dog to be used for your Photo ID's. If you are unable to email these photos, they can be taken at the time of your evaluation session.

Once your application has been received, you will be placed on a wait list for an Orientation and Evaluation session. Sessions are held as often as possible, but depend on the number of applicants in the area.

The **Orientation** session outlines the policies and procedures of the Program and gives you time to ask any questions that you may have. The Orientation is for potential volunteers only (no dogs required!) and is a **mandatory** session that lasts about 1.5 hours.

Shortly after the Orientation, you will be asked to bring your dog in for the dog/handler **Evaluation** which is a temperament test designed to evaluate if a dog is suited for therapeutic visitations. Please see page 3 for more information about the Evaluation.

Should your dog be unsuccessful in completing the Therapy Dog Evaluation, the evaluator will inform you as to the areas of concern. If the concern is not temperament related, you may be offered the opportunity to participate in a re-evaluation.

As the Therapy Dog Program visits at long-term care facilities operated by Eastern, Central, and Western Health, once you have successfully passed the evaluation, you will be required to attend another orientation, this one with Eastern, Central, or Western Health, where they will go over policies and procedures governing volunteers with long-term care facilities. As well, they require that all volunteers undergo medical screening, which includes provision of an immunization record and TB testing. More information on this will be provided at the Orientation.

Once all the screening has been successfully completed, you will be placed in a Health Care Facility where the program is active. We are currently visiting at a number of senior's homes and hospitals and most teams visit a facility which is convenient for them (i.e. closest to their residence).

After deciding upon a Facility, you will begin supervised visits as an official Therapy Dog Team. These three initial visits are supervised by one of our Volunteer Unit Coordinators, who will take you around the facility, introduce you to residents and staff, and answer any questions that you might have. Upon the completion of the supervised visits, you will coordinate a volunteer schedule with the Facility and you may start visiting by yourselves. Should any questions or concerns arise while volunteering, always feel free to contact the Program Coordinator for support.

Program Rules and Regulations

- All Therapy Dog Volunteers must be 18 years of age or older.
- Dogs must be **at least one year of age**.
- All dogs must be vaccinated against Distemper, Parvovirus, Adenovirus and Rabies. These may take place on a yearly or three-year basis. Annual veterinarian checks are required.
- There is increasing evidence that feeding raw foods of animal origin (e.g. raw poultry, beef or eggs) to dogs dramatically increases the likelihood of those dogs carrying Salmonella and other germs that can cause serious illness in susceptible people. Consequently, it is recommended that Therapy Dogs that visit people in healthcare facilities be prevented from consuming raw foods of animal origin at all times.
- Dogs will **ONLY** be evaluated and perform visits while wearing a flat nylon or leather buckle or snap collar, using a 4' or 6' leather or nylon leash. A nylon choke on a dead ring is acceptable on heavy-coated dogs. Sight hounds may be tested on the special flat collar that most wear. These requirements ensure the safety of clients taking part in the program.
- All volunteers with SJA must complete a Human Rights Educational Workshop. This is available on-line and we will send you a link to the training once you have completed the screening.
- Accurate record of the number of hours spent visiting for both you and your dog must be submitted on a regular basis. This provides SJA with important information used for volunteer recognition and measuring community support.
- After completing the three supervised visits you will receive a SJA Therapy Dog Uniform. This uniform consists of a Therapy Dog Polo Shirt, a scarf for your dog and Photo ID's. These items should not be worn at any time other than official St. John Ambulance visits and events. The Therapy Dog uniform remains the property of St. John Ambulance and must be returned upon resignation.

Evaluations

Any dog of sound temperament can become a Therapy Dog. In the St. John Ambulance Therapy Dog Evaluation, your dog will be subjected to a number of situations, stresses and challenges, as part of a mock visit to a health care facility. This will test his/her temperament, sociability and ability to follow handler's lead. Dogs will also be assessed for cleanliness and good grooming.

Any dogs considered for the Therapy Dog Program must be able to successfully demonstrate the following capabilities:

- Accept a friendly stranger
- Sit politely for petting
- React well to other animals and distractions
- Walk on a loose leash
- Walk through a crowd (including wheelchairs)
- Sit on command/stay in place

Some examples of key indicators of a suitable St. John Ambulance Therapy Dog include:

- Responses that do not contain fear or aggression
- Friendliness towards other dogs
- Voice controlled behavior

Regular feedback and reassessment of goals and expectations from members of the medical, nursing, therapy and recreation personnel have contributed to an increased demand and heightened interest in the program. On-going dialogue and support have also ensured that program expectations are being met for our volunteers, the client, and the organization.

Thank you for your interest in the St. John Ambulance Therapy Dog Program, we will contact you shortly after receiving your application. If you have any questions about the Application process or program, please contact:

Roberta Hewitt

Manager of Marketing & Community Services

St. John Ambulance – NL Council

8 Thomas Byrne Drive, Mount Pearl, NL A1N OE1

Phone: (709) 726-4200

Toll Free: 1-800-801-0181

Fax: (709) 726-4117

roberta.hewitt@nl.sja.ca



Therapy Dog Volunteer Application

Check List

- Application Form**
- Electronic Photo of Volunteer**
- Electronic Photo of Dog**
- Veterinary Certificate**
- Two References** (only one may be a relative)
- Criminal Record Check with Vulnerable Sector Search** (to be completed at Orientation)

Please forward complete application to:

Roberta Hewitt
Manager of Marketing & Community Services
St. John Ambulance – NL Council
8 Thomas Byrne Drive
Mount Pearl, NL A1N 0E1 www.sja.ca

Phone: 709.757-3384
1.800.801.0181
Fax: 709.726.4117
Email: roberta.hewitt@nl.sja.ca

St. John Ambulance Therapy Dog Program
Volunteer Application Form



St. John Ambulance
Therapy Dog 

St. John Ambulance protects the confidentiality of the information collected within this document.

PERSONAL INFORMATION (please print)

Full Name: _____ Date of birth: _____

Mailing Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Telephone: (H) _____ (W/C) _____ Email: _____

Dog's Name: _____ Breed: _____ Age: _____

How did you hear about the Therapy Dog Program?

- | | |
|--|--|
| <input type="checkbox"/> Friend/acquaintance approached me | <input type="checkbox"/> Therapy Dog Volunteer approached me |
| <input type="checkbox"/> Friends/family have used services in the past | <input type="checkbox"/> Materials displayed in my community |
| <input type="checkbox"/> Special event | <input type="checkbox"/> Other _____ |

Why are you interested in becoming a Therapy Dog Volunteer?

Previous Volunteer Experience (please give a brief description or attach a resumé)

Have you ever been DENIED membership in, or had membership involuntarily terminated with St. John Ambulance or any other volunteer community service organization?

No Yes

If YES, please provide details

Please provide geographical location or two choices of a Facility that you may wish to visit – contact names and phone numbers are beneficial, if they are not already involved with the program. We will do our best to accommodate your request.

1. _____
2. _____

St. John Ambulance Therapy Dog Program
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How frequently would you like to visit? Weekly Twice a Month Once a Month
 Other _____

Preferred day(s) of week to visit:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Flexible

Most convenient time for you to visit: Morning Afternoon Evening Flexible

Please Indicate Uniform Sizes:

Therapy Dog Polo Shirt (Unisex sizes) S M L XL XXL
Dog Scarf XS S M L XL

Photo Release: _____ By initialing here, I give St. John Ambulance my consent to use photographs of me and/or my dog, taken during SJA events, in communication tools, such as the newsletter, booth displays, or brochures. I understand that St. John Ambulance will respect the image of the individual(s) shown, and will not use the photos for purposes beyond the scope of the charitable mission of St. John Ambulance – NL Council.

Please initial each statement:

_____ I hereby declare all information to be true and complete to the best of my knowledge.

_____ I agree to a confidential criminal record check with a vulnerable sector search as part of the membership agreement.

Confidentiality Agreement: _____ As a volunteer of the St. John Ambulance Therapy Dog Program, I understand that I may have access to privileged or confidential information about St. John Ambulance staff, volunteers and clients, including the facilities, staff and patients/residents I visit. I agree to protect and keep this information confidential, both during and after my participation in the St. John Ambulance Therapy Dog Program.



St. John Ambulance

VETERINARIAN CERTIFICATION (Use one form per dog)

DOG'S NAME

BREED

DATE OF BIRTH

HANDLER'S NAME AND FULL ADDRESS

TELEPHONE

E-MAIL

Your Veterinarian is required to fill in the following information:

Vaccination Record *(Please attach copy of current Rabies and additional vaccination certificates):*

	Date administered	Date to be re-administered
<input type="checkbox"/> Rabies		
<input type="checkbox"/> Distemper		
<input type="checkbox"/> Parvovirus		
<input type="checkbox"/> Adenovirus		
<input type="checkbox"/> Others <i>(please specify)</i>		

Parasite Control:

Fecal Examination date(s):	Results	Dewormer or Heartworm Medication Used <i>(if any)</i> :	Date Medication was given:

Are you aware of any issues or concerns that may preclude this dog from participating in the St. John Ambulance Therapy Dog Program?

YES NO If yes, please specify:

I hereby certify above-mentioned dog is physically fit, clean and able to participate in a visiting program to hospitals and long-term care facilities as a member of the St. John Ambulance Therapy Dog Program (subject to the St. John Ambulance Therapy Dog evaluation process).

VETERINARIAN'S SIGNATURE

VETERINARIAN'S NAME (PLEASE PRINT)

DATE

TELEPHONE

ADDRESS

EMAIL

St. John Ambulance Therapy Dog Program
Volunteer Reference Form



Reference for: _____

Name of Person Giving Reference: _____

Telephone: (H) _____ (W/C) _____ Email: _____

PLEASE ANSWER THE FOLLOWING TO THE BEST OF YOUR KNOWLEDGE.

1. How well do you know the applicant? Slightly A little well Quite well

2. How long have you known the applicant? _____

3. In what capacity have you known the applicant? What is your relationship to this person? (Friend? Service Club? Work? Please specify.) _____

4. What are the applicant's personal strengths?

5. What are the applicant's personal limitations?

6. How well does the applicant work with others?
 Extremely well Well Average Marginally Poorly Comments

7. How effectively does the applicant work independently?
 Extremely well Well Average Marginally Poorly Comments

8. Being a St. John Ambulance Therapy Dog volunteer involves visiting individuals who are considered vulnerable clients, i.e. seniors, young children, etc. Do you know of any reason, limitations, or situation that makes you feel the applicant would have difficulty visiting with their dog one on one with this group of people?

St. John Ambulance Therapy Dog Program
Volunteer Reference Form



9. This position requires approximately ten hours of initial training and regular weekly visitations at a local facility (average of 1 hour every week or two weeks). Do you feel the applicant will have sufficient time to make a meaningful contribution to St. John Ambulance without sacrificing their other obligations? YES / NO (Please give reason for your answer)

10. Would you choose this applicant to work with YOU or a senior/child you know? (Why or why not?)

11. Would you recommend this applicant as a St. John Ambulance Therapy Dog volunteer? (Why or Why not?)

12. Check any of the following personality traits which has been described by reference:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Friendly | <input type="checkbox"/> Organized | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Happy | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Sincere |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Honest | <input type="checkbox"/> Patient | <input type="checkbox"/> Superficial |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Humble | <input type="checkbox"/> Punctual | <input type="checkbox"/> Tactless |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Insincere | <input type="checkbox"/> Reliable | <input type="checkbox"/> Tolerant |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Responsible | <input type="checkbox"/> Understanding |
| <input type="checkbox"/> Controlling | <input type="checkbox"/> Judgmental | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Warm |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Lazy | <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Easygoing | <input type="checkbox"/> Mature | <input type="checkbox"/> Selfish | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Opinionated | <input type="checkbox"/> Serious | <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> |

THIS SECTION BELOW - INTERNAL USE ONLY	
REFERENCE CHECKED BY:	DATE:
APPROVED: YES / NO	
IF NO PLEASE STATE REASON:	