

New Avenues To Independence, Inc.
17608 Euclid Ave
Cleveland, OH 44112
(216) 481-1909
www.newavenues.net
Paws with a Cause Program

Volunteer Responsibility Form

I _____ assume full responsibility for the actions of
(Volunteer Name, please print)

my dog _____ while visiting group homes or
(Dog name, please print)

programs under the name of New Avenues to Independence, Inc. I will be supervising
my animal while visiting group home or program with residents at said event / date.

DOG MUST REMAIN ON LEASH, AT OWNER'S SIDE, AT ALL TIMES.

NO EXCEPTIONS

Volunteer / Owner Signature

Date

Volunteer Parent / Guardian Signature (Under 18 years of age)

Date

Volunteer Coordinator Signature

Date

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**VOLUNTEER APPLICATION
INFORMATION & INDEMNIFICATION AGREEMENT**

Name _____

Address _____

Phone _____ Email _____

School / Organization Affiliation _____

Volunteer Signature

Date

Volunteer Parent/ Guardian Signature (Under 18 years of age)

Date

Volunteer Coordinator Signature

Date

VOLUNTEER WAIVER & RELEASE

Event / Activity: _____

The undersigned Volunteer for New Avenues to Independence, Inc. waives and releases all claims and causes of action against New Avenues, its officers, employees, staff and residents arising out of his/her participation in the event/activity at New Avenues.

Volunteer Signature

Date

Volunteer Parent / Guardian Signature (Under 18 years of age)

Date

Volunteer Coordinator Signature

Date

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EMERGENCY CONTACT INFORMATION

Volunteer _____
(Last name) (First name) (Middle Name /Initial)

Dog name _____
(Please print)

Please list any health concerns that may affect care in the event of an emergency:

Local emergency contact for **Volunteer:**

Name _____

Relationship _____

Street Address (No PO Box) _____

City / State / Zip _____

Emergency phone number _____
Phone Number #1

Phone Number #2

Volunteer Signature

Date

Parent / Guardian Signature (if Under 18)

Date

Volunteer Coordinator Signature

Date

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Dog Application / Information

Dog Name: _____

Owner Name: _____

Veterinarian Clinic Name: _____

Address of clinic: _____

Phone: _____ Doctor: _____

Does dog have experience with persons with special needs, disabilities?

Please check one Yes No

Breed: _____ Sex: _____ Dog age: _____ Years as owner? _____

Please check appropriate answer:

Yes

No

Is dog comfortable in crowds?

Do loud, unexpected noises upset dog?

Do sudden movements alarm dog?

Does dog understand commands in English?
(If no, what language?) _____

Will crying alarm dog?

Does dog tolerate petting, touching without aggression?

Does dog get along with both male / females?

Any additional information we may find of interest or useful? _____

Volunteer Signature

Date

Parent / Guardian Signature (if Under 18)

Date

Volunteer Coordinator Signature

Date