



HAKU BALDWIN CENTER

"Where special people and animals come together."

Our vision is to foster therapeutic partnerships between people and animals which we believe promotes the growth and development of healing relationships among all living beings.

VOLUNTEER APPLICATION FORM **ANIMAL-ASSISTED THERAPY/ACTIVITIES AND** **HUMANE ANIMAL EDUCATION PROGRAMS**

DIRECTOR: DR. SHANNON DOMINGUEZ, DCH

DATE: _____

PERSONAL INFORMATION

Name: _____ Age: _____

Home Phone: (____) _____ Cell: (____) _____

Address: _____

Email address: _____

Gender: [M] [F]

Have you been to our facility? [yes] [no]

How did you hear about our programs? _____

Do you know anyone currently volunteering or working with our programs? _____

Are you able to come for "in person" interview at the Haku Baldwin Center? [yes] [no]

Do you have any physical or psychological limitations or disabilities that might hinder you from participation in some activities (such as a heart condition, back injury, epilepsy, allergies, lifting over 20 lbs etc)? [yes] [no]

If yes, please explain: _____

EMERGENCY CONTACT

Name: _____ Phone: (____) _____

Relationship: _____

VOLUNTEER INTERESTS

Are you a pet owner? [yes] [no] Tell us about your pet _____

What do you hope to contribute? _____

What do you hope to gain from your volunteer experience?

Do you have any fears of specific animal types/breeds? [yes] [no]

If yes, please explain: _____

AVAILABILITY

What seasonal "term" are you available?

[spring _____] [summer _____] [fall _____] [winter _____]

What day/s time/s are you available?

[MON am _____] [TUE am _____] [WED am _____] [THU am _____] [FRI am _____]

[MON pm _____] [TUE pm _____] [WED pm _____] [THU pm _____] [FRI pm _____]

Have you ever been convicted of a felony? [yes] [no]

If yes, please list year & details: _____

EXPERIENCE & REFERENCES

Please list (2) Related work / volunteer experiences:

(1) Employer name & address: _____

Contact Name: _____ Phone Number: (____) _____

My job title and description: _____

Dates employed: _____ Was this volunteer or paid work? _____

Reason for leaving: _____

(2) Employer name & address: _____

Contact Name: _____ Phone Number: (____) _____

My job title and description: _____

Dates employed: _____ Was this volunteer or paid work? _____

Reason for leaving: _____

Please list (2) Personal References:

(1) Name & address: _____

Phone Number: (_____) _____ Relationship: _____

Length of time acquainted: _____

(2) Name & address: _____

Phone Number: (_____) _____ Relationship: _____

Length of time acquainted: _____

Mahalo (thank you) for your interest in volunteering with our therapeutic programs. The Animal-Assisted Therapy/Activities program visits over 400 patients monthly utilizing therapy animals (dogs, rabbits, guinea pigs, ducks and chickens) for visitation and therapy. It also offers an unpaid internship for students to learn about the field of Animal-Assisted Therapy (AAT) and Animal Assisted-Activities (AAA) in the clinical environment.

Our Humane Animal Education program is offered by appointment to preschools, elementary schools, special education and special interest groups (i.e. 4H, girl scouts, boy scouts, etc). We discuss the responsibilities and needs of taking care of rabbits, guinea pigs, ducks, chickens, horses, goats, dogs, cats and pet fish.

Volunteers are needed for all of our therapy programs, without volunteer assistance we would not be able to provide our services.

*Warmest aloha,
Shannon Dominguez*

*Dr. Shannon Dominguez, DCH
Director, Animal-Assisted Therapy/Activities and Humane Animal Education*

**HAKU BALDWIN CENTER
PET THERAPY / ANIMAL EDUCATION PROGRAM
ACKNOWLEDGEMENT OF RISK AND LIABILITY RELEASE AGREEMENT**

I, _____, the undersigned, a legal adult and/or parent(s) or legal guardian(s) of _____, a minor, for and in consideration of the agreement of Haku Baldwin Center (a 501(c)(3) non-profit organization) to provide pet therapy, animal-assisted therapy/activities, petting zoo, and/or animal education to the legal adult, and/or said minor, do hereby acknowledge the following circumstances and risks in connection with the above described animal related therapy, activities and/or education:

1. I realize that working with, handling, or being around animals is a dangerous activity and that I, or the minor may be injured.
2. I pursue, or I am allowing the minor to pursue, these activities with full knowledge of the possible danger to me or to the minor.
3. I acknowledge that I have read and knowingly execute this Agreement and knowingly execute this waiver of a right to sue as provided below, on behalf of myself or the minor, recognizing that I have the right to have legal counsel review this Agreement prior to my execution of the Agreement, and that I, and the minor, agree to assume all risks associated with participation in animal related therapy, activities and/or education.

Further, the undersigned, on behalf of myself or the minor, do/does hereby release, acquit, discharge, and hold harmless Haku Baldwin Center, its officers, trustees, agents, employees, representatives, successors, or assigns, on account of any personal injuries, physical or mental condition(s), known or unknown, to the person of said minor, or legal adult, and the treatment thereof, as a result of or in any way growing out of the acts or omissions of Haku Baldwin Center, its officers, trustees, agents, employees, representatives, successors or assigns including, but not limited to, their negligence or gross negligence, in rendering the services above described, or in any way incidental thereto.

Signature _____ Date: _____
(Adult, Parent or Legal Guardian)

Print Name: _____
(Adult, Parent or Legal Guardian)

Print minor's name: _____ Date of Birth _____

Address: _____

Phone: _____ Email: _____

(Circle one)

****Are you (or is your child) allergic to any animal(s)? Yes/No If yes, please indicate which animal(s) :**

AUTHORIZATION AND CONSENT
TO
PHOTOGRAPH / VIDEO RECORD/ BROADCAST AND PUBLICATION RELEASE

The undersigned hereby authorizes Shannon Dominguez or representatives of Haku Baldwin Center to photograph, video record, broadcast, publish, reproduce the likeness, pictures and/of videos of the named attendee (circle if applicable) a minor, without payment or any other consideration associated with publication of the above in any form.

Name/Attendee: _____ Date of Birth: _____
(Person in photograph, video)

Address: _____

Phone: _____ Email: _____

Purpose of photograph / video recording or otherwise may be used in conjunction with advertising, promotion, information and publishing on the internet (web), print (i.e., articles, journals, magazines, newspaper) television, or other venues of publication. All pictures become the sole property of Shannon Dominguez.

I hereby certify as the signer that I am over 21 years of age, hold harmless, release and forever discharge Shannon Dominguez, Haku Baldwin Center and its' representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate for the undersigned client and/or minor have or may have by reason of this authorization.

Signature Date

Adult/Parent/Legal Guardian Name (printed) Date