

3019 - 21 Street N.E. Calgary, AB, T2E 7T1 Tel. (403) 250-7257 Fax (403) 250-9273 Email info@palspets.com www.palspets.com Charitable registration # 10781 1879 RR0001

Pet Access League Society

Dear Applicant;

Sandra Johnston Executive Director, PALS

Thank you for your interest in PALS. PALS is a non-profit, registered, charitable organization dedicated to enhancing the quality of life of individuals through visits with pets. It began under the auspices of the Calgary SPCA in 1982 and became a separate organization in 1985. PALS has one full-time employee and one part-time employee and is governed by a board of up to 15 directors. PALS is funded by the Wild Rose Foundation, private donations and by fundraising events such as raffles, casinos. Clients receive PALS' services at no charge.

PALS is the largest organization of its kind in North America visiting within one city. Over 500 volunteers and their four-legged pals form 63 teams of 2 - 12 people per team. They visit 50 facilities, including hospitals, long term care facilities, group homes, and a correctional centre. Visits are up to one and a half hours long and can include both group visits and one-on-one visits.

PALS clients are mostly seniors and can be cognitively delayed, physically disabled, or virtually unresponsive. The animals will often evoke a response in these individuals, thus they serve as a bridge for communication between volunteer and client.

PLEASE BE AWARE THAT POTENTIAL PALS VOLUNTEERS ARE REQUIRED TO:
Complete and return this application form
Attend a personal interview with your pet
Accompany your animal to a pet screening test
Provide proof of your pet's protection against rabies
Have your veterinarian complete a Pet Health Assessment
Pass a Calgary Police Service or RCMP Security Clearance
IF ACCEPTED, NEW PALS VOLUNTEERS ARE REQUIRED TO:
 Make a firm commitment for a minimum of 1 year to visit with a PALS team twice a month Considerable time and effort are involved in qualifying a volunteer and their pet for PALS Commitment on the part of volunteers is essential to the success of the PALS program Clients, facilities and other PALS volunteers depend on your attendance A volunteer will loose his/her status as a PALS volunteer if more than three consecutive months are missed
Attend a PALS orientation
Attend a separate facility orientation if required
Purchase an annual PALS membership (\$20.00 single, \$30.00 family)
Participate in at least one fundraising event per year
Provide annual proof of vaccination and/or Pet Health Assessment as requested.
Attend pet re-screens as required.
If PALS is the organization for you, we are pleased to have you complete the accompanying application form. If you have any further questions, please feel free to contact the PALS office.
Sincerely,

Pals Volunteer Registration Form

Miss Mrs. Ms. Mr. Last Name		First Nam	•			Initial
Last Name		riist ivaiii	Е			IIIIIIai
Address		C	ity		Postal (Code
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Telephone Residence Bu	usiness	Fax		E-m	ail	
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Employer			Occupation			<u>'</u>
Age Group 16-18 19	9-30 31-45	46-65	65+			
In case of emergency places	contact:			Dhono		
In case of emergency, please	CONTACT.			Phone		
How did you hear about PALS	and/or our pet visitati	ion prograr	n?			
Why are you interested in bec	oming a PALS volunte	er?				
vviiy are you interested in bee	onling a 1 ALO volunte					
Have you had any experience	(as a volunteer, in a p	oaid positic	n, or otherwis	e) working wi	th:	
Children Elderly	Physically Disable	ed Mo	ental Health	Cognitive	ely Delay	/ed
If yes, please provide details:	, ,			J	, ,	
ii yes, piease provide details.						
(Optional) Do you have any p					extent of	of your
participation in the PALS pet v	<i>i</i> isitation program or as	s a volunte	er in other are	eas?		
Do you have your own transpo	ortation? Yes	No				
Please list all pets you wish	to enroll and have s	creened for	or PALS:			
PET'S NAME	TYPE & BREE	-D		BORN	SEX	SPAYED OR
121010101	THEADNE			(month/year)	M - F	NEUTERED
Which veterinary clinic do you	use?					
vvilicii veteririary cirric do you	u36 :					
Currently, rabies vaccinations are mandatory for all pets accepted into our program.						
Do you currently provide this protection for your pet(s)?* Yes No- but I will do so prior to my						
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Da ha a	uith animal th th					
Do you have any experience v (i.e. obedience trainer, breede			owner?	No		
If yes, please explain:	n, vetermary assistant	, c .(c. <i>)</i>	168	INU		
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^{*} Non-canine/feline species such as rabbits, guinea pigs and hamsters do not require a rabies vaccination. Ferrets do require a current rabies vaccination.

Once you and your pet(s) are accepted into the pet visitation program, you will be assigned to a team of volunteers visiting a specific facility on the same day or days of the week each month. The following questions help us find a suitable placement: Please tell us if you and/or your pet have a strong preference for visiting: Children Elderly If you have a preference, please tell us why: Do you prefer to visit in a specific area of the city? Yes No If yes, please specify: Please indicate which days and times you are available for visits (circle all that apply): **Evenings** Mondays Tuesdays Wednesdays Thursdays Mornings Afternoons Saturdays \Rightarrow Mornings (**Note:** There are NO pet visits Fridays or Sundays) Are there any particular days / times you are absolutely not available? There are many areas in addition to pet visitation in which PALS volunteers are of tremendous assistance. Please indicate which activities you would be interested in helping with: SCREENING pets for pet visitation program (requires extensive experience with animals and knowledge of animal behavior) INTERVIEWING potential PALS volunteers. (evenings and Saturday morning availability required) ♦ FUNDRAISING ☐ Casino (approximately every 18 months) ☐ Calgary Art Market Craft Show (November) ☐ Raffle Ticket Sales (pre-Christmas in a shopping mall) ♦ PUBLIC RELATIONS BOOTH & SPECIAL VISITS ☐ Story Pals (January & October) This is a literacy program for children ages 6 to 12 ☐ Hull Stampede Breakfast (Summer) ☐ Special visits with children (daytime availability is required) ☐ Special visits with seniors (day and evening availability) ♦ ADMINISTRATION □ Newsletter mail outs (envelope stuffing 4X per year – March, June, September, December) ☐ General office help (daytime availability required) Photography

♦ OTHER INTERESTS - please specify:

♦ PALS NEWSLETTER – Submissions

♦ HELPING COORDINATE OR ORGANIZE FUNDRAISING OR PR EVENTS - please specify:

References:

PALS requires that all applicants provide three references and, yes, we do contact them so please ensure that the information provided to us is complete and accurate

- 1. References cannot be family members.
- 2. To prevent awkward situations please let the person know to expect a call.
- 3. Please ensure phone numbers are correct & current.
- 4. Unless absolutely necessary, please use local references.
- 5. Please print clearly.

NAME	RELATIONSHIP	HOME PHONE NUMBER	WORK PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

Authorization to Contact References

I give authorization to Pals Pet Access League Society of Calgary to contact th	e references I have listed.
Signature	Date