Community Memorial HEALTHCARE®

Peter Gaal, MD Pet Therapy Program Application

First Name Middle Initial Last Name

Street Address ______________________ City ______________ Zip Code ________

Email ____________________ Gender M F DOB / /

Home Phone _____________ Cell Phone _________________ Work Phone _________

Are you currently employed? Yes No Retired Current/Last Employer ______________

Occupation ____

Current/Last School
Attended __________________________ Grade/Education Level ________________

Major ____________________________

Other Skills, Education, or Special Training, Please explain.

Do you have any limitations that may limit your ability to perform volunteer duties or that require reasonable accommodations, e.g., lifting, walking, standing, siting, vision, hearing, unable to add numbers, difficulty retaining information? Please explain. Briefly describe why you would like to volunteer at Community Memorial Healthcare.

Have you ever volunteered at, or been employed by, Community Memorial? ______________

List your current or previous volunteer experience.

Please select your preferred T-Shirt size and style below.
T-Shirt Size S M L XL XXL
Style Men's/Unisex cut Women's cut

Please check your availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning		Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon

How did you learn about Peter Gaal, MD, Pet Therapy Program? ______________________
Have you ever been convicted of a criminal offense felony, misdemeanor other than minor traffic violation? Yes No ____

Signature ____________________________________ Date __________

Peter Gaal, MD Pet Therapy Program Application

Handlers and therapy pets may visit any day of the week from 10:00 am – 5:30 pm.

Therapy Pet

DOB   /   /

Name ____

Sex ___________________

Breed ____

Documentation

Please include copies of the following when submitting your application.

- Must provide annual updated immunization record and a negative fecal report on every pet.
- Must have on file current Love On A Leash membership identification card for each pet and handler.

Handler

Handlers participating in the Pet Therapy Program must comply with the same clearance requirements as all other Auxiliary volunteers. This includes an annual flu vaccine and annual TB test.

Return Application to: Community Memorial Auxiliary
Pet Therapy Coordinator, 147 N Brent Street Ventura, CA 93003