



Application for Volunteer Membership

Thank you for considering Volunteer Membership with American Therapy Pets, Inc., (ATP).

We are proud of our organization and strive to ensure a quality of service unmatched by other organizations. As a Volunteer Member, your donation of time is a huge contribution towards ATP's success.

- Volunteer Members may provide support services or assist with events and other activities depending upon your interest.
- ATP requires a minimum of two references as part of our due diligence in preserving the integrity of our organization. Depending upon the level of your participation, a background check may be required.

Please print in ink – use a separate application for each person applying for membership

Your Information:

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

e-mail _____

Reference #1: First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone where the reference may be reached: _____

Reference #2: First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone where the reference may be reached: _____

Driving Information:

If you are volunteering for a position that requires driving, ATP requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?

Yes _____ No _____

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance to ATP if requested. I will immediately notify ATP if my driver's license is restricted, suspended, revoked, or expired.

**Emergency Contact:**

In case of an emergency, please notify: (print name) _____

Relationship: _____ Phone: _____

In case of an emergency, please notify: (print name) _____

Relationship: _____ Phone: _____

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied.

I hereby release all parties from any liability for furnishing this information.

Applicant Signature: _____ **Date:** _____

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to ATP. I also give ATP my consent to obtain any emergency medical treatment necessary for the safety of my child if I may not be immediately reached.

Signature of Parent/Guardian: _____ Date: _____

Print name of Parent/Guardian: _____

Please mail your signed, original application, to ATP. Make sure to keep a copy for your records

Mail to:
Joel Kordis
American Therapy Pets, Inc.
12090 N Thornydale Rd. Ste. 110-188
Marana, AZ 85658