



Thank you for your interest in Canine Assisted Therapy (C.A.T.). C.A.T. provides services to many different types of facilities, but our main focus is on working with children, the disabled and special needs, and physical and occupational therapies. To provide these types of services to the variety of facilities, the C.A.T. Teams must meet a very high standard for personality, temperament, and working together as a team with your dog. C.A.T. is setting new standards for pet therapy and our Certified Therapy Teams are the best of the best!

The steps required are:

Step 1: Attend the Volunteer Information and Orientation Meeting

This meeting will be divided into two parts.

Part I: covers the specific requirements for members and the skills and temperament requirements for your dog. We will cover the C.A.T. Rules and Guidelines for Animal Assisted Interactions and tell you more about the placement process. This portion of the meeting is to help you to understand the specific requirements of becoming a part of C.A.T. so that you can make the decision if you think you and your dog will be a good fit for C.A.T. and if we will be a good fit for you.

Part II: covers the basics of visiting a facility. We will cover HIPAA, Infection Control, patient approach, policies and procedures of facilities, working with different populations, etc.

Step 2: American Kennel Club Canine Good Citizen Certification

Your dog must have passed the American Kennel Club Canine Good Citizen testing within the last two (2) years to be evaluated for therapy work. More information can be found on the American Kennel Club website at:

<http://www.akc.org/events/cgc/> There is a listing of AKC evaluators on the website and we can also refer you to some preferred evaluators.

Step 3: Canine Assisted Therapy Evaluation

Evaluation requirements are included in this document.

Step 4: Completion of Volunteer Application

Completion of the C.A.T. Volunteer Application and all paperwork must be completed and signed. There is an annual membership fee of \$75 to help C.A.T. cover insurance and administrative costs.

Step 5: Level 2 Criminal Background Check

Level 2 Criminal Background Screening is required in the state of Florida for all individuals that work or volunteer with children, the elderly and special needs. To comply with this law, all C.A.T. volunteers must submit to the screening. There is a fee of \$59 for the screening that is paid directly to the screening agency.

Step 6: 30-Day Probation and Placement in a Facility

Upon completion of the required steps to become a volunteer team with C.A.T., we require a 30-day probation period and four (4) visits in a nursing facility (listed below) before being placed in one of the facilities listed below. The training facilities are:

Covenant Village – Plantation, FL
Independence Hall – Wilton Manors, FL
Jackson Memorial Hospital Palliative Care Unit – Miami, FL
Manor Care Health Services – Plantation, FL
Whitehall Boca Raton – Boca Raton, FL
Williamsburg Landing – Wilton Manors, FL

For teams that live in the Miami, Fort Lauderdale, and Boca areas, we are currently actively recruiting to provide therapy teams to the following facilities:

Ann Storck Center – Davie, FL
Ann Storck Center – Pembroke Pines, FL
ARC Broward – Sunrise, FL
Children’s Diagnostic and Treatment Center* – Ft. Lauderdale, FL
Kids in Distress – Ft. Lauderdale, FL
Jackson Memorial Hospital – Miami, FL
Jackson Hospital North – North Miami, FL
Hospice by the Sea – Boca Raton, FL
Hospice by the Sea – Ft. Lauderdale, FL

(If you live outside of these areas, please call us to discuss the training facility and placement.)

*Children’s Diagnostic and Treatment Center requires dogs that are small and non-shedding.

C.A.T. DOG TEMPERAMENT AND TEAM EVALUATION

The C.A.T. Dog Team evaluation process assesses the dog's temperament and animal/handler skills as a team. This allows handlers to demonstrate how well they interpret and manage their canine's behavior and how well their canine responds to them as a handler. Only a Certified C.A.T. Evaluator may conduct each aspect of the testing procedure. Each C.A.T. Dog Team (animal/handler) must demonstrate focus and maintain control using basic commands with mild through advanced level distractions present. The purpose of this process is to demonstrate realistic scenarios and identify possible reactions a C.A.T. Dog Team may encounter in a therapy dog's working environment. The C.A.T. Dog Team Leaders (human handlers) will also be assessed on how they interact with the evaluator and the evaluator's assistants, along with employees/staff, members/patients and all elements of the facility.

C.A.T. Dog Teams working with children and/or special needs individuals will need to do so with no on-the-job corrections.

To uphold our ability to offer the highest level of quality caring and maximize safety while interacting with children and/or special needs individuals, additional testing and screening is required. We must all remember that as a C.A.T. Dog Team Leader it is YOUR first responsibility to trust your dog for information in every moment. A past experience is never a guarantee for any future outcome. EVERY DOG is capable of biting! "This is the first time" just means they have never shown or exhibited this behavior before to us, not that any dog should ever be considered incapable of biting. It is in their nature as animals. Even as humans, not all adults are willing to tolerate children for very long periods of time, neither will many dogs. This is cause for concern as children can become subject to unforeseen injury while interacting with dogs more than adults. Children often move around differently, become suddenly excitable and have higher-pitched voices, ALL in which any one of these things can trigger a dog's internal state of arousal to increase. Children can be unpredictable by nature and known to jump up/down, crawl under tables and frolic around such as "wounded prey" is enticing to a dog along with many other things that could trigger and out of the ordinary reaction in even your own dog. Handlers sometimes push dogs that would rather avoid children to unwittingly be in their presence. Even a dog that is hyper or exuberantly happy can knock over a child or scratch them mistakenly.

PLEASE NOTE: We will only pass a dog that is comfortable providing comfort to others.
We firmly believe that a dog should not be put into an uncomfortable situation,
... even for his/her owner's sake!

Dog Requirements

Owners must show proof of good health from their veterinarian and proof that all vaccines are up to date. All dogs are required to have passed the American Kennel Club Canine Good Citizen testing within the last two years prior to taking the C.A.T. test.

Handler Equipment

All tests must be performed on 4 or 6ft. non-retractable leash. Dogs should have well-fitting buckle collars made of leather or fabric. Special training collars such as pinch collars, head halters, etc. are not permitted at any time. The owner/handler can bring the dog's brush or comb to the test as well as a few appropriate treats for their dog.

Evaluation Equipment

Individuals with certain conditions such as having suffered a stroke, Down Syndrome, etc., may not appear "normal" to a dog. There are also situations that the patient may be wearing a protective mask and/or gloves during the interaction. The use of special equipment will help to determine if your dog is sensitive to these issues. Evaluators performing the testing may be wearing Halloween masks, surgical masks and/or hats, sunglasses, etc. In addition, the evaluator will pet the dog while wearing surgical gloves.

Encouragement

Owners/handlers may use praise and encouragement throughout the test. The owner may pet the dog between exercises.

Failures – Dismissals

Any dog that eliminates during testing must be marked failed. Any dog that growls, snaps, bites, attacks, or attempts to attack a person or another dog must be dismissed from the test immediately.

Exceptions

Exceptions to the testing requirements are only for dogs that have an injury or disability, which prevents them from physically performing the requirement. This would include items such as loss of limb, physical abnormalities, etc.

Evaluation / Trial Period

Within 30 days of passing the evaluation, dogs and their handlers will be required to visit a facility with a C.A.T. Evaluator. The dog and handler will be required to make at least two unaccompanied visits to their assigned facility; this must be done within 30 days of your passing test date. A C.A.T. Evaluator will accompany the team again on the fourth visit to the facility.

If at any time the dog exhibits aggressive behavior, signs that it is not comfortable doing the work, shows signs of stress that are due to the performance of pet therapy, or the volunteer or team does not follow the policies and procedures of C.A.T. or the facility, C.A.T. reserves the right to remove the team from service.

Part I: Improper Greeting, “Rude Petting” and “Rude Behavior”

Exercise 1: This exercise demonstrates that the dog will not become “protective” in the event that someone approaches and makes physical contact with the handler. The evaluator will walk up to the handler, shake hands and “hug” the handler. The evaluator will also approach the handler quickly with open arms to “hug” the handler.

Acceptable reaction: dog steps aside; shows that it is uncomfortable but does not show any type of aggression.

Unacceptable reaction: dog lunges; barks; snaps at, or shows any type of aggression.

Exercise 2: This exercise demonstrates that the dog will tolerate uncomfortable types of petting. Begin with the dog sitting or standing at the handler's side, the evaluator then “pats” the dog on the top of the head and proceeds to roughly pat the body. The evaluator will engage in exuberant, sudden or clumsy petting. This will include examining the dog's tail and ears and recording the reaction. The dog must not show resentment or timidity. The dog's paw will be held for about five seconds.

Acceptable reaction: calm, relaxed; licks your hand; “shakes” your hand.

Questionable reactions: pulls foot and whines.

Unacceptable reaction: mouths your hand; snarls; growls, snaps; whines, tries to escape; submissively urinates.

Exercise 3: While playing with the dog, the evaluator will briefly pinch the webbing between his or her toes. The evaluator will tug at the dog's hair. The tail will be lifted and manually wagged.

Acceptable reaction: tries to pull away, but shows forgiveness; yelps but is not aggressive; trusts the evaluator and allows further petting.

Unacceptable reaction: growls; snaps; acts fearful or distrustful.

Exercise 4: The evaluator and at least one other person will pet and play with the dog while backing it into a corner. The dog can show no aggression or panic.

Part II: Response to Basic Commands and Taking a Treat

Exercise 1: This exercise will demonstrate the comfort level of the dog and handler with each other and how well the dog responds to the handler's commands. Traffic cones will be placed about. Each of these cones will include a sign that requests you and your dog to perform a specific command or task such as asking your dog to sit or down. The team will be asked to walk through the cones on a loose leash, and perform each of the commands. The team will be presented with an unexpected distraction that the team will need to react to.

Acceptable: Dog walks well on a loose leash. Dog performs commands after only one or two requests from the handler. Team shows that they are “in tune” with each other and are able to deal with distractions as they arise.

Unacceptable: Dog pulls on the leash. Handler must repeat the command more than three (3) times. Handler uses any kind of force to get the dog to perform the command. Handler does not have control of the dog and the dog does not recoup from the distraction.

Exercise 2: This exercise demonstrates that the dog is capable of taking a treat gently from the hand of someone other than the owner. The evaluator will offer a high value treat to the dog with an outstretched hand, the food in an upturned palm with the fingers open. If possible, a second individual that the dog is not familiar with will do the next treat test. A treat will be offered with the treat between the thumb and forefingers. The dog must demonstrate control in taking a treat and should not take it with too much exuberance. The dog's teeth should not contact the person's hand.

Part III: A “Working Dog's” Approach to Meeting Other Dogs

Exercise 1: This exercise demonstrates that the dog will display and maintain polite behaviors while “working” with or around other dogs. The handler/Team Leader's responsibilities will be to encourage and maintain guidance towards proper behavior and removal

from the environment for improper greetings/behavior displays. Good behavior begins with good leadership. Two handlers and their dogs directly approach each other from a distance. Immediately stop, with dogs seated calmly by their side. Humans shake hands while exchanging pleasantries, and remain in place for up to 15 seconds ignoring the dogs. The dogs may show no more than casual interest in each other. Neither dog should forge forward nor drag its handler towards the other dog, jump on the other dog or its handler. This is a working environment and not the time for dog-on-dog play.

Acceptable reaction: slight curiosity and sniffing, is okay.

Unacceptable reaction: any dominant, overly excited or aggressive reactions.

Exercise 2: The handler will be instructed to have the dog seated calmly by their side. A handler and dog will enter the area and move quickly through the room just out of reach of the dogs.

Acceptable reaction: dog may express natural interest and curiosity and/or may appear slightly startled but should not panic.

Unacceptable reaction: tries to run away; shows aggressiveness; or barks.

Part IV: The Working Environment

Exercise 1: The Team will be walking through a crowd with wheelchairs, walkers and unexpected distractions. This exercise demonstrates that the dog can move about politely in pedestrian traffic and is under control of the handler in hospital and nursing home situations. The dog and handler walk around and pass close to several people (at least three). One of the three should be walking with a walker with tennis balls cut and secured on the front legs. The dog may show some interest in the strangers but should continue to walk calmly next to the handler without evidence of over-exuberance, shyness or resentment. The handler may talk to the dog and encourage or praise the dog to maintain focus and engagement throughout the test. The dog should not jump on people in the crowd or strain on the leash.

Exercise 2: Reaction to distractions and motion sensitivity. This exercise demonstrates that the dog is comfortable when faced with common distracts in any given situation or in a nursing home or hospital. The evaluator will select and present two distractions. Distractions should include rolling a wheel chair or a walker towards the dog, dropping a crutch or cane, and creating loud noises.

Acceptable reaction: dog may express natural interest and curiosity and/or may appear slightly startled but should not panic.

Unacceptable reaction: tries to run away; shows aggressiveness; or barks.

Exercise 3: "Wait" for wheelchair petting. This exercise demonstrates that the dog will "wait" or remain in place when instructed to do so by the handler. The handler will approach with the dog up to a person in a wheelchair. Large dogs may sit next to the wheel chair during the exercise while small dogs (under 20 lbs) may sit calmly on the lap of the person in the wheelchair if requested. The handler should ask the dog to "wait" while being petted and then walk around the dog from one side to the other and behind the chair with the dog remaining in place the whole time. The handler may use encouragement to get the dog to wait. Handlers may use hand signals to encourage the dog to "wait" during this duration. The dog must not show resistance to petting or struggle to get away from the wheelchair. The handler should be aware enough to notice if there is something in their dog's behavior in context that is not allowing them to wait in position if requested.

Exercise 4: Calmness and stability around medical equipment and distractions. Your dog will be tested for response to high-pitched squealing, metallic noises (e.g., rattling cans), slamming doors, angry voices, loud laughter, and a monitor alarm. Your dog will be tested for his or her response to multiple noises arising at the same time as might occur on a hospital floor.

Acceptable reaction: dog may express natural interest and curiosity and/or may appear slightly startled but should not panic.

Unacceptable reaction: tries to run away; shows aggressiveness; or barks.

Exercise 5: Hospital beds and balloons in a room tied to a bed or a walker. The handler will approach with the dog up to a person in a hospital bed. Large dogs may need to sit next to the bed during the exercise while small dogs (under 20 lbs) may sit calmly to the side of the person in the bed if requested. The handler should ask the dog to "wait" while being petted. The handler may use encouragement to get the dog to wait. Handlers may use hand signals to encourage the dog to "wait" during this duration. The dog must not show resistance to petting or struggle to get away from the bed. The handler should be aware enough to notice if there is something in their dog's behavior in context that is not allowing them to wait in position if requested.

Part V: Giving Up a Toy

The evaluator will attempt to engage your dog in play with a toy and then take the toy away from your dog, as it would be done in a game like tug or fetch.

Acceptable reaction: release the toy to the evaluator without undo effort on the part of the evaluator

Unacceptable behavior: any negative reaction from the dog.



FEES AND POLICIES:

Fees:

- Full Member - \$75 annual membership fee. Full Membership includes one (1) dog. Initial Full Membership includes volunteer insurance coverage, one (1) C.A.T. t-shirt, dog bandana and membership badge.
- Additional Handler Membership - \$50 annual membership fee. Additional Handlers are handling a dog already covered by a Full Member. Additional Handler Membership includes volunteer insurance coverage, one (1) C.A.T. t-shirt and membership badge.
- Additional Dogs - \$25 annual fee per additional dog.
- Level 2 Background Screening - \$59 and is required by the state of Florida for all volunteers that will be working with children, seniors, special needs individuals and other vulnerable populations. This screening is required every 5 years. Level 2 Screening requires digital fingerprinting and FBI National Criminal Background check. This fee will be paid directly to the screening agency.

All fees are non-refundable.

Canine Assisted Therapy, Inc. is not responsible for other expenses incurred as a result of becoming or while being a C.A.T. Member.

Policies:

Canine Assisted Therapy, Inc. has strict policies regarding the performance of dog-assisted therapy and the representation of Canine Assisted Therapy, Inc. and reserves the right to dismiss anyone at any time that they do not feel is in compliance with C.A.T. policies. Please review the **Canine Assisted Therapy, Inc. Dog-Assisted Therapy Rules and Guidelines.**

Contact Canine Assisted Therapy, Inc. at 954-990-5175 or email info@catdogs.org if you have any questions or concerns.



VOLUNTEER APPLICATION

Volunteer Number: _____
Office Use Only

Name: _____ Application Date: _____/_____/_____
(Complete a separate application for each volunteer)

Date of Birth: _____/_____/_____ Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-mail Address: _____

Employer: _____

I am fluent in the following language(s) other than English: _____

How did you hear about C.A.T.? *(Newspaper, ad, member referral, etc.):* _____
(If another member referred you, please give us their name so that we may thank them.)

C.A.T. DOG APPLICATION

Dog's Name: _____ Date of Birth: _____/_____/_____

Breed: _____ Spayed/Neutered: Yes No

Have you owned this dog for at least 6 months? Yes No Rabies Expiration: _____/_____/_____

Is your dog certified by Canine Good Citizen? Yes No *(If "Yes" please forward us a copy of the certificate.)*

Fees and Policies:

I have read and understand the Fees and Policies set forth by Canine Assisted Therapy, Inc. Yes Initial: _____

Signature of Volunteer Applicant

Signature of Witness

Printed Name Volunteer Applicant

Printed Name of Witness

----- **For Office Use Only** -----

Application Received: _____/_____/_____ Registration Fee Received: \$ _____ Ck # _____

Forms Completed and Signed:

Liability & Photo Release Background Screening Authorization. Vaccination Record Received

NOTES: _____



CANINE ASSISTED THERAPY DOG-ASSISTED THERAPY RULES AND GUIDELINES

1. I will abide by all C.A.T. policies and procedures, will adhere to the guidelines set forth in this document and will represent C.A.T. in a professional manner.
2. I will visit facilities only with dogs registered with C.A.T. and will visit with only one animal at a time. Visiting with two dogs must have prior approval by C.A.T.
3. I will observe all rules of privacy and confidentiality for patients, staff, and any other person within the facility according to the HIPAA laws.
4. I will check in and/or sign in, as well as sign out when leaving, with the supervisor or staff for each visit as required by the facility.
5. I will be on time for every commitment made with a facility.
6. Prior to each visit, I will make sure my animal is clean, groomed and parasite free. NOTE: Do not apply flea protections to the fur within three days of a visit (i.e. Advantage, Frontline).
7. I will be well groomed. I am required to wear a C.A.T. shirt and C.A.T. identification badge when visiting facilities. I will adhere to the dress code of the facility I am visiting. I agree to wear a C.A.T. shirt or polo shirt while providing service as a C.A.T. volunteer. This ensures that it is clear whom I am representing should an incident occur.
8. I will not use my cell phone while visiting a facility unless there is an emergency. (Please turn off your phone or place it on vibrate.)
9. For safety, all dogs must wear a flat collar or harness at and be on a lead at ALL times. No Gentle Leaders may be used in a facility. At no time are chain or prong collars; metal collars; or retractable leashes allowed.
10. I will be responsible at all times for my dog, will consider my dog's needs and care first and I will always stay with the dog and be in control of the situation.
11. I will clean up after my dog both inside and outside of the facility.
12. I will not tie my dog to people, equipment or furniture at any time while visiting.

13. I will not be under the influence of alcohol and/or illegal drugs during a visit. I will not carry a firearm or any other weapon while visiting a facility.
14. I will not borrow money, or personal items or receive any personal gratuity, gift or tip such as money or jewelry from people I visit.
15. I understand that it is not routinely acceptable to give gifts to the people I visit. A facility contact should address the appropriateness of all gifts.
16. I will not charge a fee for services in my role as a C.A.T. volunteer.
17. I will not take photos of people I visit without first obtaining a photo release waiver signed by the client and the facility contact.
18. I will follow the C.A.T. set procedures for any accidents or unusual occurrences while performing duties as a C.A.T. volunteer.
19. I must obtain approved written permission for any usage or proposed usage of the C.A.T. logo(s) or name.
20. I understand that all C.A.T. printed materials are copyrighted and I must obtain written permission for any usage or proposed usage of the materials.

I understand and will follow all Canine Assisted Therapy, Inc. (C.A.T.) Rules and Guidelines for Dog-Assisted Therapy.

Volunteer Signature

Date

Volunteer Printed Name

Witness Signature

Date

Witness Printed Name



LIABILITY AND PHOTO RELEASE

I acknowledge that Canine Assisted Therapy, Inc. (“C.A.T.”) is a 501(c)(3) not-for-profit company, which uses animals to provide support and therapy for individuals. C.A.T. does not own any animals, nor can C.A.T. predict the behavior of any animals used in connection with its services and activities. C.A.T. works with animals and their owners to arrange services and activities. C.A.T. uses reasonable measures to ensure that animals have an appropriate temperament for the services and activities provided by C.A.T. However, animal behavior is inherently unpredictable. Therefore, by signing this Liability Release Form (“Release”), I do hereby release Canine Assisted Therapy, Inc., its officers, directors, employees, members, volunteers and agents from any and all liability or responsibility due to any injury or loss that either I or my pet(s) may incur as the result of, or arising in any way from, my participation with C.A.T., including but not limited to, visits to a hospital, nursing home, assisted living facility, children’s hospital, physical rehabilitation center, school, social function and fund raising activities. This Release will be in full force in effect before, during and after my and my animal’s acceptance as a member or participant in C.A.T.

I also understand and agree that C.A.T. does not and will not assume any risk of loss associated with my application, membership and affiliation with C.A.T. Therefore, I agree to hold harmless, indemnify and defend C.A.T., its officers, directors, employees, members, volunteers and agents from any and all losses, injuries, claims, demands, suits, actions or any other theory of damages presented against C.A.T. as a result of my or my animal’s conduct.

I further state that I am of lawful age and legally competent to sign this Release. I understand the terms used in this Release, and that the terms of this Release can be enforced against me. I have signed this Release, below, as my own free act and deed, and without fraud, force or undue influence. I have fully informed myself of the contents of this Release by reading it before signing it.

Further, I understand that from time-to-time, photos will be taken of C.A.T. volunteers during therapy services and events. I give permission to C.A.T. and its representatives to publish and use for public relations purposes only any photo or videotape taken of me and/or my pet(s), provided that any such photos are used for and by only C.A.T.

I further confirm that my pet is healthy, clean and parasite free and agree to keep my pet healthy, clean and parasite free during my time as a C.A.T. Program Volunteer.

Volunteer Signature

Date

Volunteer Printed Name

Witness Signature

Date

Witness Printed Name

Criminal Background Screening Information for Canine Assisted Therapy, Inc.

This document is designed to provide current and potential applicants or volunteers with information regarding fingerprint-based criminal history background screening checks required by Canine Assisted Therapy, Inc., a Florida not-for-profit corporation (“CAT”). As used herein, an applicant or volunteer is any person who is engaged or involved, or desires to be engaged or involved, in any CAT activity, and who is entrusted with the care, responsibility, or supervision of animals, children or vulnerable adults.

A Level II screening process requires an electronic fingerprint submission to the Florida Department of Law Enforcement Volunteer, Employee, Criminal History System (FDLE) and the Federal Bureau of Investigation (FBI) for state and national criminal records checks. Using electronic processing, volunteers can schedule a fingerprint-taking and submit a set of 10-print fingerprints to the FDLE/FBI. It is the financial responsibility of an applicant to obtain a Level II screening.

An applicant who has not been notified of successful completion of his or her background screening will not be permitted to become a volunteer. An applicant will **NOT** meet CAT standards if he or she has been found guilty of, regardless of adjudication, or entered a plea of *nolo contendere* or guilty to, a disqualifying offense identified in Section 435.04, Florida Statutes.

By my signature below, I authorize CAT to receive the results of my Level II screening, and I certify that I will notify the FDLE/FBI to deliver the results of my Level II screening directly to CAT. I understand that CAT will use the results of my Level II screening to determine my fitness to serve as a volunteer. Accordingly, I forever release, indemnify and hold harmless each and every one of CAT and its insurers, members, officers, directors, agents and volunteers (“Released Parties”) of and from any and all liability for any and all claims, demands, causes of action, or damages that I may have, of every nature arising out of or in any way resulting from the results of my Level II screening being transmitted to, or used by, CAT. I will not hereafter make any claim or demand against, initiate, file or bring any legal action, lawsuit or proceeding against any of the Released Parties, for or on account of, arising out of, or in any way connected with any loss or for any claim made by others for any loss of any nature arising out of or in any way resulting from my Level II screening.

I execute this document freely and voluntarily for and on behalf of myself. This document shall be construed and governed under the laws of the State of Florida, and if any provision hereof, is found to be invalid or illegal by a court of competent jurisdiction, I agree that the remaining provisions shall be construed as if the affected provision had not been included in order to effectuate the intent of the parties.

BEFORE SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND ALL OF THE INFORMATION CONTAINED IN IT, AND I DO NOT NEED OR REQUEST ANY FURTHER EXPLANATION OF ITS CONTENTS. I HAVE VOLUNTARILY AGREED TO ITS TERMS AND PROVISIONS, AND I AGREE THAT NO OTHER STATEMENT, REPRESENTATION OR INDUCEMENT APART FROM WHAT IS STATED IN THIS DOCUMENT HAVE BEEN MADE TO ME TO OBTAIN MY CONSENT TO ITS TERMS AND MY SIGNATURE BELOW.

Volunteer's Name: _____
(Printed)

Volunteer's Signature: _____

Dated: _____, 20__.