



Doggie Brigade Volunteer Application Requirements and Information

We are excited about your interest in volunteering at Akron Children's Hospital with our Doggie Brigade program. Volunteers contribute in many ways to our facility by providing comfort, care, and joy to children and their families. We welcome individuals of all backgrounds and abilities who are able to perform tasks independently with minimal supervision. Doggie Brigade applicants must be at least 18 years of age, in good general health, a **non-smoker**, and be able to communicate well in English.

Commitment and Requirements: Doggie Brigade volunteers commit to a minimum of twenty-six Hospital visits per year for a maximum of two hours each. Additionally, it is required to participate in one hospital annual educational session, one Doggie Brigade educational session and two hospital-sponsored community events per year, i.e., Holiday Tree Festival.

Application: Review the Doggie Brigade Information slides at www.akronchildrens.org/doggiebrigade, complete this application and return. Include proof of your completed registration with Pet Partners (Complex qualification required), Therapy Dogs International or Bright & Beautiful.

Interview: A Volunteer Services Recruiter will call you to schedule an interview. The purpose of the interview is to help us become acquainted and, if accepted, guide you through the next steps to schedule a dog-handler team evaluation. Dog/handler teams are chosen based on program needs.

Doggie Brigade Team Evaluation: The Doggie Brigade advisor will contact you to schedule a team evaluation.

Volunteer Orientation: Volunteer orientation provides important information about the hospital and your role. Once accepted, you will be required to complete an online orientation.

Mentoring: A Volunteer Services Training Specialist will contact you to schedule a one-on-one training, followed by one shadowing and four mentoring experiences with an experienced Doggie Brigade volunteer. Mentoring sessions are flexible and scheduled based on trainee and mentor availability.

Handler Immunization Requirements:

1. Measles, Mumps & Rubella (MMR) Vaccine*

If an individual was born ON or BEFORE December 31, 1956, no immunization(s) or immune status for measles, mumps or rubella is necessary. All individuals born AFTER December 31, 1956 and BEFORE January 1, 1980 must provide proof of measles, mumps and rubella vaccinations. If an individual was born AFTER December 31, 1979, proof of two MMR vaccines must be provided.

2. Tdap or Td A single dose of Tdap is required for those who have never received Tdap regardless of the time since their most recent Td vaccination. After receiving one dose of Tdap, you should receive a dose of Td or Tdap every 10 years.

3. Hepatitis B
Completion of series.

4. PPD Mantoux Test
PPD Mantoux tests are given to volunteers through Employee Health Office free of charge. All individuals must present proof of a PPD Mantoux test for tuberculosis done within the last twelve months. Individuals with a past positive PPD test must have documentation of a normal chest x-ray done within the past two years and documentation of treatment received.

5. Varicella (Chickenpox)
All individuals must make known their varicella (chickenpox) immune status. A history of having the disease is acceptable or proof of two doses of the varicella vaccine must be provided.

6. Flu Vaccine
All individuals are required to receive or have proof of an annual flu vaccine. The FluMist is not acceptable.

7. COVID Vaccine
All individuals are required to be fully vaccinated and have proof of the COVID vaccine.

Application Process

Complete the Volunteer Application, Dog Application, Veterinary Record and Therapy Dog Registration proof and return all to Volunteer Services using one of the following ways:

Scan and email to: volunteers@akronchildrens.org

Fax: 330-543-8008

U.S. Mail: Volunteer Services
Akron Children's Hospital
One Perkins Square
Akron, Ohio 44308-6176

If you have any questions, contact Volunteer Services at 330-543-8424. Thank you for your interest in volunteering.



DOGGIE BRIGADE VOLUNTEER APPLICATION

PERSONAL INFORMATION			
Today's Date			
First Name, Middle Initial, Last Name			
Home Street Address			
City	State	Zip	
Cell Phone	Home Phone		
E-mail (required)			
EMPLOYMENT HISTORY			
Are you currently employed?		Employment Status:	
Yes	No	Full Time	Part Time
Retired			
Current Employer			
Previous Employer	Start Date	End Date	
Reason for Leaving			
EMERGENCY INFORMATION			
Emergency Contact		Relationship	
Cell Phone	Home Phone		
EDUCATIONAL INFORMATION			
High School/GED			Year Graduated
Tech/Trade School or Other		Certification	
College		Degree	
Graduate School		Degree	
VOLUNTEER EXPERIENCES			
Name and Address of organization <i>(Please list your two most recent organizations)</i>	Position Held	Start Date	End Date

VOLUNTEER REASON

Why do you want to volunteer for visitation with your dog? What are your goals? What do you hope to gain from this experience? What experiences and talents do you have that make you a good candidate for this program?

VOLUNTEER ASSIGNMENTS

Shift schedules are normally based on a two hour time slot during the day or evening, any day of the week

Volunteer Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (9:00 a.m. – 12:00 p.m.)							
Afternoon (12:00 p.m. – 5:00 p.m.)							
Evenings (5:00 p.m. – 8:00 p.m.)							

PROFESSIONAL REFERENCES: We require two *professional* references such as clergy, teacher, counselor, boss, etc. **(No Family Members or Friends)**

Name	Daytime Phone	Email	Relationship
Name	Daytime Phone	Email	Relationship

BACKGROUND CHECKS

A record of criminal conviction will not necessarily be a bar to volunteering, since the Hospital will consider factors such as age at time of offense, how long ago the conviction occurred, the nature and seriousness of the violation and evidence of rehabilitation in making a volunteer decision. **Since Children’s is a pediatric hospital, certain criminal offenses are by Ohio law automatic disqualifiers for volunteer assignments no matter when they occurred.**

In the past seven years, have you been convicted of (plead guilty, no contest, or been found guilty) of an offense other than minor traffic violations?

Yes No

Are you charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication, or dropping of the charge?)

Yes No

If yes to any of the questions above, please explain fully by listing the conviction, the date, and county/state where convicted (failure to disclose a conviction may be considered falsification of your application and disqualify you from consideration for volunteering or result in termination even if discovered at a later date):

Since Akron Children’s Hospital and its affiliated companies are responsible for children in out-of-home care as defined by S2151.86 (A) (1) of the Ohio Revised Code, the organization must first submit to the Bureau of Criminal Identification and/or the Federal Bureau of Investigation your fingerprints and general information in order that a background check be conducted to ascertain whether you have been convicted of certain crimes which might disqualify you from eligibility to volunteer. Any applicant who fails to provide the information necessary to complete the required forms or fails to provide impressions of their fingerprints will not be accepted to volunteer for any position.

Your acceptance to volunteer is contingent upon the aforementioned records check not revealing any disqualifying criminal offenses. If you begin volunteering prior to the receipt of this information, volunteering will be conditional. If the records check reveals your conviction of any disqualifying offenses, you will be released from volunteering.

STATEMENT OF COMMITMENT

I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for volunteer service and may result in discharge even if discovered at a later date. I understand the terms and conditions of my submission to the background check.

I authorize Akron Children's Hospital to verify any information I have provided. I hereby authorize persons from any schools, companies, or organizations, to include my references, named in this application to provide information about me contained in their records, and I release all such persons from liability regarding the provision of or use of such information.

I understand there are certain training requirements that must be fulfilled, and performance standards that must be maintained in order to volunteer at Akron Children's Hospital.

Finally, as an Akron Children's Hospital volunteer, I will:

- Agree to volunteer for a minimum of 26 hospital visits and 2 special events visits within that year
- Notify Volunteer Services any time I am unavailable to volunteer for my assignment
- Respect patient, family, and staff confidentiality
- Abide by the rules and regulations of Akron Children's Hospital and Volunteer Services
- Maintain the customer service standards in my interactions with patients, families, and staff
- Permit images of photos of me in my role as a volunteer to be used in public relations brochures or videos
- Give permission for a background check to be performed by Akron Children's Hospital Security Department

Volunteer Signature

OFFICE USE ONLY

Notes:



Akron
Children's
Hospital

Doggie Brigade Dog Application

Please complete **all** fields on this form. *The "Favorite Treat" category is used to populate a section of your dog's trading card upon passing and completing the Doggie Brigade onboarding procedure.

Akron Doggie Brigade Program -or- Mahoning Valley Doggie Brigade Program

Dog Owner's Name _____ (also enclose volunteer application)

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

How long have you owned/lived with the dog? _____

_____ Female _____ Male Reproductive Status: _____ Spayed _____ Neutered _____ Intact

Breed _____ **Favorite Treat*** _____

Your answers will help ensure the health and well-being of the volunteer team, patients, visitors, and staff.

1. What traits does your dog have that would make he or she a good Doggie Brigade member?

2. Describe any obedience class, formal or informal training your dog has had:

3. How does your dog communicate when he or she is stressed or tired (i.e. whining, tail tucked)?

4. How do you support your dog when you see that he or she is stressed or tired?

5. How does your dog respond to the following:

Other animals? _____

Unknown men? _____

Unknown women? _____

Unknown children? _____

Medical equipment (walkers, wheelchairs)? _____

6. Has your dog ever acted fearfully or aggressively toward anyone? _____ **No** **Yes** (*please explain*)



Doggie Brigade Veterinary Record

VOLUNTEER INFORMATION	
Examination Date	
Animal Owner's Name	Dog's Name
Dog's Breed	Dog's Age
VETERINARY INFORMATION	
DVM Name	
Clinic Name	
Clinic Address	
Clinic Phone	Clinic Fax

Based on my examination, this animal meets the health requirements listed below (please check):

- This dog is current on rabies vaccinations.
- This dog is free of internal and external parasites at the time of evaluation.
- This dog does not display any signs consistent with an infectious disease at the time of examination.
- If this dog has a condition, it is under control using a prescribed medication. Please note: Dogs currently taking antibiotics, antifungals or immunosuppressive medications must complete their treatment before being eligible to visit the hospital.
- If this animal has a disability, it may still participate fully with accommodations. Please include suggested accommodations below.

I certify that this animal meets all the health requirements outlined by the Akron Children's Hospital Doggie Brigade. Provide this completed form to the handler to submit to Volunteer Services.

DVM Signature