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PROGRAM PARTNER APPLICATION

Founded in 1996, Hand in Paw (HIP) is a 501(c)3 nonprofit organization with a mission to improve human health and well-being through Animal-Assisted Therapy.

HIP volunteers are screened, trained, and evaluated according to national standards. HIP applies additional quality measures to ensure that both handlers and animals are suitable and prepared to serve. HIP volunteers are not therapists, counselors, or educators (at least not in their HIP roles). Rather, they will serve under the direction of your professional staff as valuable tools for improving the quality of life of those you serve.

This form will provide HIP with important information about your organization, the people you serve, and your goals. HIP is excited about a potential collaboration with your organization to improve the well-being of those you serve. HIP's programs are successful thanks to strong partnerships throughout the community.

Please notify HIP of any subsequent changes.

Organization: _____ **Department:** _____

Physical Address: _____ **City/State/Zip:** _____

Mailing Address: _____ **City/State/Zip:** _____

Telephone: _____ **Website:** _____

Contact Person: _____ **Contact Title:** _____

Contact Telephone: _____ **Contact Email Address:** _____

Additional Contact Information: _____

Program(s) Requested:

___ **Petscription:** Serves people of all ages to improve physical, emotional and behavioral health and well-being, and helps people reach therapeutic goals. Though primarily medical, the program is also delivered in schools and a broad range of human service settings.

___ **Sit, Stay, Read!:** Helps children improve their reading skills via weekly sessions with Therapy Teams.

___ **Pawsitive Living™:** A 12-week violence prevention curriculum for teens and pre-teens that cleverly integrates therapy animals to spark discussions and teach life skills.

___ **No More Bullies!:** A 5-session curriculum for elementary-school aged children that promotes respect for self and others.

___ **Other (Please describe):** _____

Mission and programs/services offered by your organization: _____

Please describe the population you serve (numbers, demographics, challenges): _____

Site dynamics:

- Quiet: low activity, few distractions**
- Average: moderate activity, moderate distractions**
- Active: high activity, many distractions**

Patient/student/client goals that Hand in Paw program(s) will help achieve: _____

Special instructions for serving the population: _____

Requested HIP program schedule*: _____

**Providing a range of options increases the likelihood of matching with HIP volunteer availabilities.*

Do you provide a volunteer orientation? ___Yes ___No

If yes, please describe the orientation process: _____

Volunteer Services Contact: _____ Title: _____

Telephone: _____ Email: _____

Where will HIP programs be delivered? _____

Parking instructions: _____

Where should volunteers gather for Meet & Greet (a procedure HIP requires when two or more volunteers will be serving together) fifteen minutes prior to the start of the program? _____

Does your site require volunteers to sign in and out? ___ Yes ___ No

If yes, where is sign-in located? _____

Are therapy animals allowed in all restrooms? ___ Yes ___ No

If no, where is the restroom designated for HIP Therapy Team use located? _____

Is security available? ___ Yes ___ No

If yes, what is the procedure for contacting security? _____

Are there any other special safety/security procedures? ___ Yes ___ No

If yes, please describe: _____

Will therapy animals be allowed on beds or furniture? ___ Yes ___ No

If yes, are special linens to be used? ___ Yes ___ No

Where is a safe, outdoor location for animals to eliminate? _____

Where may handlers safely dispose of their animals bagged waste products? _____

Are there any restrictions for treats for therapy animals (allergy concerns, etc.)? ___ Yes ___ No

If yes, please describe: _____

Will any other animals be present at your site? ___ Yes ___ No

If yes, what arrangements will be made to secure these animals during HIP programs? _____

Have any of the patients/students/clients previously abused animals? ___ Yes ___ No

If yes, provide details: _____

Have there been injuries to animals or problems with animal visits to your site? ___ Yes ___ No

If yes, please describe: _____

What experience and comfort levels do staff have with animals? _____

HIP requires the presence of partnering site staff during program delivery. Who are the designated staff person(s) to serve in this role?

Name: _____ Title: _____

Telephone: _____ Email: _____

Name: _____ Title: _____

Telephone: _____ Email: _____

HIP requires data reflecting the scope and impact of our programs, including the number of participants, and program-specific outcomes that measure effectiveness. This does not require PHI or other identifying information. Who is the designated staff person to contact for program data?

Name: _____ Title: _____

Telephone: _____ Email: _____

HIP would like to share news of our partnership with supporters and the community, and discuss opportunities to partner in doing so. Who is the designated Media & Community Relations contact at your organization?

Name: _____ Title: _____

Telephone: _____ Email: _____