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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.

Date: \_\_\_\_\_

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 wellbeing, 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 Bulling!:** 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: \_\_\_\_\_

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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? \_\_\_\_\_

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

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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? \_\_\_\_\_

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

If yes, provide details: \_\_\_\_\_

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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? \_\_\_\_\_

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**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:** \_\_\_\_\_