



*On the Harry & Jeanette Weinberg-Paul & Joyce Heiman Family Campus*

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5467 Cedar Village Drive  
Mason, Ohio 45040

Phone (513) 754-3100  
Fax (513) 336-3174

## **PET THERAPY VOLUNTEER APPLICATION**

January, 2009

Dear Friends:

Thank you for contacting Cedar Village regarding pet visiting with your dog. As a Cedar Village Pet Volunteer, you become our residents' link to the community and your commitment shows our residents that they are not forgotten and that they are still valued.

Volunteering anywhere is a wonderful way to give back to your community and teach others your talents and skills. By becoming a Cedar Village volunteer, you enhance the lives of people that are no longer able to take advantage of daily life outside of our facility. You will be able to give our residents a glimpse of what your day is like, and bring ongoing happiness and laughter into their heart and home.

I have enclosed a (1) copy of our Volunteer Application, Pet Visit Information sheet (for you to keep) (1) Waiver of Liability, (2) reference forms, a copy of our Pet Visit Policy and Procedure (please sign and return). Please take a moment to fill these forms out and return them in the provided self-addressed stamp envelope, *along with an updated copy of your dog's shot records*. If you have any questions, please contact me at (513) 336-3137.

Sincerely,

***Marcia***

Marcia Westcott

Director of Volunteers & Resident Programming

**CEDAR VILLAGE VOLUNTEER SERVICES APPLICATION**

5467 Cedar Village Drive Mason, Ohio 45040

Phone (513) 754-3100 Fax (513) 336-3174

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

Miss/Mrs. /Mr. \_\_\_\_\_  
(Last Name) (First Name)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ (year not necessary) Referred By: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

What type of volunteering are you interested in? \_\_\_\_\_

When are you available to volunteer? (PLEASE CIRCLE)

Weekdays: MON. TUES. WED. THURS. FRI.

Weekends: SATURDAY SUNDAY EITHER

Time: MORNINGS AFTERNOONS EVENINGS

Are you interested in volunteering on holidays? \_\_\_\_\_

Do you have any hobbies that might be of interest to our residents? \_\_\_\_\_ If yes,  
what are they? \_\_\_\_\_

Do you play the piano? \_\_\_\_\_ Other instrument? \_\_\_\_\_

What other languages, if any, do you speak? \_\_\_\_\_

In case of illness notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name & Phone: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

References Completed:  Date: \_\_\_\_\_

Confidentiality & Liability Waiver Signed:  Date: \_\_\_\_\_

Background Check Completed  Date: \_\_\_\_\_

Mantoux Test Completed  Date: \_\_\_\_\_

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Orientation Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ # Hours per month: \_\_\_\_\_

# Cedar Village Pet Therapy Volunteer Program

## Pet Visit Information

Pet Therapy is a wonderful thing for people in living in a healthcare environment. Most residents are delighted to have a furry visitor but there are several things one should keep in mind while visiting at Cedar Village.

- Due to Cedar Village being a kosher facility, certain types of animals are not permitted to visit. Please see Rachel for more information.
- Cedar Village required that any pet coming in to the facility must have the following information on file (and updated yearly):
  - Proof of Current Vaccines (including rabies)
  - Signed statement regarding the animals temperament
  - Signed copy of Cedar Village Pet Visit Policy
- When you arrive on your assigned floor, please see the Activity Coordinator to collect your clipboard (side of filing cabinet with highlighted residents to visit).
- Always ask first before placing an animal in a residents lap. For health reasons, please do not place your pet on a residents bed.
- Always watch the residents hands closely when the approach an animal. Sometimes they grab an animal in an attempt to cuddle it, causing the animal to feel threatened and react negatively. For the safety of both residents and pets, please monitor the resident's reaction to your pet closely at all times.
- Pets are not permitted in the deli, dining room, kitchen or any area where food is being served and/or prepared.



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### **Cedar Village Volunteer Program Confidentiality and Waiver of Liability**

I [print name] \_\_\_\_\_, release Cedar Village from any claims arising out of any personal injuries, damages, expenses, and loss that may be sustained by me while participating as a volunteer.

I will uphold the standards and policies of Cedar Village.

I will comply with instructions given to me by Cedar Village management, the Volunteer Services Coordinator and any staff member in his/her area of responsibility.

I agree to regard all non-public information received in the performance of my volunteer work at Cedar Village as confidential.

I will not use or disclose any confidential information belonging or relating to Cedar Village, including but not limited to information about residents, volunteers, staff members, vendors, and residents' friends and family, unless such disclosure is authorized in writing by Cedar Village management or is required by law or legal process.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Parent or Guardian  
(If under 18)

\_\_\_\_\_  
Date  
108519



## Cedar Village Volunteer Reference Form

Volunteers accepted with Cedar Village must submit TWO references from adults – other than relatives – who can speak for the applicant’s suitability to assist adults living in a long-term care environment.

### REFERENCE INFORMATION

Name of volunteer applicant: \_\_\_\_\_

**ALL INFORMATION THAT YOU PROVIDE US WILL BE REGARDED AS CONFIDENTIAL**

1. How long have you known the applicant? \_\_\_\_\_

2. What is the nature of your association with the applicant? (friend, neighbor, employer, etc.)  
\_\_\_\_\_

3. In your opinion, is this person suitable for volunteer work in a facility that serves the aging population? \_\_\_\_\_

4. To the best of your knowledge, has this person been convicted of or pled guilty to drug abuse, theft or any violent crime?    \_\_\_ Yes    \_\_\_ No    \_\_\_ Do not know

5. What can you tell us about this applicant that would help us know them better? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. In what ways do you think this applicant can make a contribution to Cedar Village? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_



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\_\_\_\_\_  
\_\_\_\_\_

_____ <b>Signature of Reference</b>	_____ <b>Date</b>
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Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## CEDAR VILLAGE POLICIES AND PROCEDURES

<b>POLICY:</b>	Pet Therapy Volunteer Program	<b>POLICY #:</b>	
<b>DEPARTMENT:</b>	Volunteer Services	<b>PAGE:</b>	Page 7 of 7
<b>REFERENCE:</b>		<b>DATE:</b>	9/1/2007
<b>COMMENTS:</b>			

**POLICY:** It is the goal of Cedar Village to offer pet visits to interested residents/tenants.

**PROCEDURE:** Volunteers interested in bringing their pets to visit must adhere to the following procedures:

1. The pet owner must complete a Cedar Village volunteer application and orientation.
2. The pet owner must notify Cedar Village prior to the first visit and when any change in future visitation occurs.
3. The pet owner must provide written documentation of current vaccinations and name and telephone number of attending veterinarian in advance of the initial visit (and must be updated yearly).
4. The animals must be clean, properly groomed and healthy; visitation will not be permitted if the animal is sick, vomiting, flea and tick infested or has diarrhea or open sores.
5. The pet owner will be responsible for his/her visiting pet's behavior (i.e., barking, running, jumping, biting).
6. The animal must be on a leash at all times and cannot be left unattended unless approved by the Director of Activities.
7. Visiting animals will not be permitted in any dining area during meal times.
8. Visiting animals will not be permitted in either the dairy or meat kitchen at any time.
9. Pet Therapy Volunteer will work with activity specialists to keep records of who they visit.
10. Cedar Village will ensure that their residents have the right to not participate in the pet therapy program and volunteers will be informed of residents who do not want to partake in the program.

Approved By:

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Date

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Date