

RONALD MCDONALD HOUSE OF CHARLOTTE  
THERAPY DOG VOLUNTEER PROGRAM

**Purpose:**

Therapy dogs and their volunteer handlers provide a warm and inviting experience for our guest families. The presence of well-trained dogs helps reduce stress, incites conversation and helps our families connect with each other. The Therapy Dog Program falls into the RMH of Charlotte's overall "House Operations" program.

**Essential Duties and Responsibilities:**

- Visiting with guest families in the living room or common areas of the House during scheduled visits as arranged by the Volunteer Services Director, under the supervision of the House manager on duty
- Providing pet interaction one-on-one or in small groups
- Working with other pet therapy dog and handler as a team to maximize the enjoyment of the guest family
- May also attend House special events and activities by request (not required)

**General Requirements:**

1. All therapy dogs and their handlers must be registered with Therapy Dogs International, Pet Partners, Alliance of Therapy Dogs, or Invisible Paw Prints and must be covered by that agency's general liability insurance.
2. Maintain current licensure from Therapy Dogs International, Pet Partners, Alliance of Therapy Dogs or Invisible Paw Prints. A current copy of the dog/handler's certification will be kept on file in the Volunteer Services office.
3. A complete therapy dog program application, group interview/behavior screening, and orientation session will be required of every dog/handler before their first shift is scheduled.
4. Handler must attend regular volunteer training for House Operations volunteers, and are welcome to attend mission-related trainings as a part of the House Operations program.
5. Dogs are current in all required vaccinations and annual physicals; dogs are on a regular schedule for vaccination and parasite prevention. Proof of current vaccinations will be required, and annual records will be requested.
6. Dogs must be clean and well-groomed. They must be bathed within 24 hours of coming to "work" at the House; nails should be neatly trimmed.
7. Unspayed females are excused from service when in heat.
8. Dogs must wear a nylon, cloth or leather collar or harness. Absolutely no choke collars will be permitted.
9. Dogs should be on a leash no longer than 6 feet in length and should be accompanied at all times by their handler. Dogs MUST be in the control of their handler at all times.
10. Dogs should be walked prior to entering the House. Any accidents are the responsibility of the handler.

**Qualifications:**

1. Current licensure from Therapy Dogs International, Pet Partners, Alliance of Therapy Dogs or Invisible Paw Prints.
2. Must be able to walk, sit and stand for extended periods of time; able to squat/crouch, climb stairs, reach, twist/turn and lift small weights
3. Able to commit to a regular volunteer schedule
4. Be friendly, courteous and respectful to all guests, families, staff and volunteers
5. Able to work with another dog/handler team with little or no supervision

RONALD MCDONALD HOUSE OF CHARLOTTE  
THERAPY DOG VOLUNTEER PROGRAM APPLICATION

**GENERAL INFORMATION**

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

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

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How did you hear about the Therapy Dogs Program? \_\_\_\_\_

\_\_\_\_\_

Are you currently Dog Therapy Certified? \_\_\_\_\_ By Whom? \_\_\_\_\_

Date of Certification: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Have you done previous Therapy Dog work? \_\_\_\_\_

Where? \_\_\_\_\_

**DOG INFORMATION**

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Has your dog attended any recent training? If so, when and where: \_\_\_\_\_

\_\_\_\_\_

Is your dog currently on year-round parasite control? What brand? \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Please tell us about your dog and his/her previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please return this application, along with a copy of your dog's current licensure. We will contact you to set up an interview!*