



Dear Prospective AAT Volunteer:

Thank you for your interest in the Society for the Prevention of Cruelty to Animals Los Angeles Animal Assisted Therapy (AAT) program. The AAT program has the unique opportunity of providing the unconditional love of companion animals for people who are in nursing homes, hospitals, homeless shelters, hospices and other institutions. We are so glad that you and your animal friend are interested in contributing your time and energy to this wonderful program.

Along with this letter, I am enclosing information about our Animal Assisted Therapy Program and an application. Please read over the materials, complete the application and return to my attention. spcaLA's Director of Animal Training and Behavior Jill-Marie O'Brien will send you a letter informing you of the next available temperament testing dates. The test will take place at our Long Beach facility. We hold the testing every three months.

If you have any additional questions or need more information, please feel free to call me at (323) 730-5300 ext. 255.

Yours sincerely,

Maggie Shehata

Volunteer Coordinator
(323) 730-5300 ext. 255
www.spcala.com



ANIMAL-ASSISTED THERAPY (AAT) PROGRAM

The **spcaLA (Animal-Assisted Therapy) AAT** Program was started in 1986 with the goal of promoting the human-animal bond, and enriching the physical and psychological well-being of people confined to hospitals and other institutions. Under the guidance of the **spcaLA** Volunteer Services Department, volunteers and their companion animals visit facilities on a monthly basis. All companion animals must be in excellent health and have the right temperament for this unique and rewarding work.

spcaLA volunteers visit a variety of facilities throughout Los Angeles including senior homes, children's hospitals, homeless shelters and AIDS hospices. The volunteer/animal team will spend approximately 45 minutes to one hour at each facility, giving patients an opportunity to chat with the volunteers, as well as, pet and hug their animals. These visits are provided at no charge, though donations are greatly appreciated. In addition to regular monthly facility visits, spcaLA has honored specific requests, such as, bringing a Boxer to visit a man dying in an AIDS hospice, fulfilling the birthday wish of a 101-year-old man who wanted to hold a cat, also providing a special visit with dogs and a baseball celebrity at a local hospital for disabled children.

Benefits of Animal-Assisted Therapy

Physical Benefits

- Exercise and sensory stimulation
- Decreased blood pressure
- Comfort of touch
- Diversion from pain

Emotional Benefits

- Unconditional love and attention
- Spontaneous expression of emotion
- Reduced loneliness
- Decreased anxiety
- Increased relaxation

Social Benefits

- Recreation
- Diversion and relief from boredom
- Change in the monotony and isolation of life in institutional settings
- Opportunity to communicate with the animal without regard for speech or hearing deficits

Cognitive Benefits

- Exercise of long and short-term memory in discussion of the animals and the patient's former pets

ANIMALS ELIGIBLE FOR ANIMAL-ASSISTED THERAPY PROGRAM

Companion animal candidates for Animal-Assisted Therapy should:

- ◆ Be at least one year old
- ◆ Be in good health (a health certificate is required only if your pet passes the temperament test)
- ◆ Be well groomed and flea-free
- ◆ Have an even disposition and a calm, tolerant temperament
- ◆ Know basic obedience commands: sit, stay, down, heel, come and have good physical self-control (canines only)
- ◆ Not be a jumper or barker (canines)
- ◆ Not scratch, hiss or dislike being held (felines)
- ◆ Possess good social skills with all types of people and other animals
- ◆ Enjoy meeting new people and being handled by strangers

ANIMAL ASSISTED THERAPY TEST OUTLINE

Please review this information carefully so you can determine your animal's suitability for this program. Your animal must be of stable character and must thoroughly enjoy being with people. Also, you must demonstrate that you have a good working relationship with your pet and that your pet is **obedient and under control**.

Part One

The first part of the exam is a good manners and obedience evaluation, including but not limited to:

- Sitting politely for petting
- Sitting politely for approaching people
- Well groomed and tolerant of grooming
- Must walk politely on leash (or accepted being carried) and be under control at all times
- You and your pet must be able to navigate through a crowd
- Dog must be comfortable with loud noises and commotion
- Your dog must know a sit and down command
- Your dog must stay for at least 30 seconds while you walk away; cats and small animals must be able to stay calm while placed on a flat surface without human interaction
- Your dog must come when called
- Your pet must be able to accept separation from you or their handler
- Your pet must be tolerant of other animals

Part Two

This section is a test of the animal's underlying temperament and **ability to handle high stress situations**.

Your pet must:

- Tolerate being examined fully and vigorously (ears grabbed, tail tugged, feet handled, etc.)
- Like exuberant petting by strangers and being petted by multiple people at one time
- Your pet must be able to deal with multiple distractions and people with limited motor skills

If you have questions on any part of the test please contact Jill-Marie O'Brien at 323-730-5300 x.258



<i>Office Use Only</i>
Received:
Contacted:
email mail phone
Orientation:

ANIMAL-ASSISTED THERAPY PROGRAM VOLUNTEER APPLICATION

When filling out this application: Please print clearly and remember to include your information in- full. The e-mail address you check daily is necessary because most communications are done through e-mail.

**Please return this form to: Maggie Shehata, Volunteer Coordinator,
spcaLA 5026 W. Jefferson Blvd. Los Angeles, CA 90016**

NAME: _____ BIRTHDATE (month/year): _____ / _____

ADDRESS: _____ CITY: _____

E-MAIL: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ May we call you at work? Yes No

EMPLOYER: _____ OCCUPATION: _____

WHAT IS THE BEST WAY TO CONTACT YOU? ___ email ___ phone ___ mail
Please be aware that EMAIL is our primary source of communication. It is faster, easier, and all the savings on cost go directly back to the care of our animals.

How did you hear about the Animal-Assisted Therapy (AAT) Program? _____

Please tell us why you would like to participate in this program? _____

Do you currently have an animal(s) that you would like to take on AAT visits? Yes No

Why do you think your companion animal would be good at Animal-Assisted Therapy? _____

Please estimate the time you presently have available to devote to this program: Hours per month _____

AVAILABILITY: Time of day you can work _____

Days of the week: Mon Tues Wed Thurs Fri Sat Sun

Please understand that most of the facilities we visit are in a hospital or nursing home setting. Some residents may be quite ill. Would you feel comfortable visiting this kind of environment? _____

Is there anything else about you and/or your animal we should know about? _____

<i>Return This Page</i>



CANINE HISTORY

(To be filled out by owner)

Dog's Name _____ Dog's Breed _____

Sex: Male Female Age _____ Weight (approx.) _____

Spayed or neutered? Yes No Housebroken? Yes No

Does your dog have any health problems or taking any medications? Yes No

If yes, what? _____

Where did you get your dog? _____ At what age? _____

If you are not the dog's original owner what, if anything, do you know about your dog's prior history?

Is your dog obedience trained? Yes No

If yes, did you attend a formal obedience class together? Yes No

Do you and your dog participate in organized dog activities (i.e. agility, obedience, etc.)? Yes No

Which ones? _____

Check all commands obeyed

- ____ heel on slack leash
- ____ heel off leash
- ____ obeys "no" command
- ____ obeys "sit" command
- ____ obeys "down" command

Will come when called

- ____ Less than 50% of the time
- ____ More than 50% of the time
- ____ Always

What kind of collar do you use for your dog? Buckle _____ prong collar _____
Martingales _____ no-choke chain _____ no-pull harness _____
other _____

How does dog relate to people? Please rate from 1 - 5 (5 being most friendly)

_____ men _____ women _____ children

On a scale of 1 -5 (5 being the gentlest), how does your dog take food from someone's hand? _____

Does dog: (Please check those that apply)

- | | | |
|-----------------------|--------------------------------------|---------------------------------------|
| ____ bark excessively | ____ fight with other dogs | ____ dislike loud noises |
| ____ jump on people | ____ chase cats/rabbits | ____ jump on furniture |
| ____ bite people | ____ get car sick | ____ beg for food |
| ____ have fleas | ____ act aggressively towards people | ____ act aggressively towards animals |

Is there any other information about your dog we should be aware of? _____

Thank you for your time and effort involved in clearing your dog for our visitation program. We're looking forward to working with you.



FELINE HISTORY

(To be filled out by owner)

Cat's Name _____ Cat's Breed _____

Sex: Male Female Age _____ Weight (approx.) _____

Spayed or neutered? Yes No Litter trained? Yes No

Does your cat have any health problems or taking any medications? Yes No
If yes, what? _____

Where did you get your cat? _____ At what age? _____

If you are not the cat's original owner what, if anything do you know about your cat's prior history?

Does cat: (Please check all that apply)

- | | | |
|---|--------------------------------------|---------------------------------------|
| ____ hiss | ____ dislike dogs | ____ dislike loud noises |
| ____ scratch | ____ chase birds/rodents | ____ spray |
| ____ jump on furniture | ____ scratch furniture | ____ bite people |
| ____ get car sick | ____ have fleas | ____ beg for food |
| ____ have any current injuries/aches or pains | ____ act aggressively towards people | ____ act aggressively towards animals |

What kind of leash do you use for your cat? collar and leash harness other _____

How does cat relate to people? Please rate from 1 - 5 (5 being most friendly)

_____ men _____ women _____ children

On a scale of 1 -5 (5 being the gentlest) how does your cat take food from someone's hand? _____

Is there any other information about your cat we should be aware of? _____

Thank you for your time and effort involved in clearing your cat for our visitation program. We're looking forward to working with you.

Return This Page



Volunteer Background Checks

To better protect any members of vulnerable populations (children, animals, elderly persons, physically or mentally disabled persons) and in compliance with our general liability insurance, we may run background checks on spcaLA volunteers.

Using the information provided on the attached form, spcaLA will check for arrests or convictions of crimes. If a specific arrest or conviction appears on someone’s record, we are notified of that fact, without details. If nothing shows up on the check, we receive that information only. We do not receive any information about driving records or other history.

If you have been convicted of a crime, please describe the details and dates on a separate sheet of paper and submit it with your application. The information you provide will be taken into consideration when we review your application. Your application and any other information you provide is kept confidential.

Should you have any questions regarding this form, please contact Maggie Shehata, Volunteer Coordinator at 323.730.5300 x255 for more information.

Volunteer’s Name: _____ Date: _____

Driver’s License: _____ State: _____

Background information may be necessary in order for you to volunteer at the spcaLA. Refusal to provide the necessary information may result in denial of volunteer applicant’s acceptance into the Volunteer Program. You do, however, have the right to refuse to answer any or all questions. If, indeed, you feel the need to do so, please write, “Refuse to Answer”.

1. Have you ever been convicted of a felony? _____

2. If so, what was the crime and when were you convicted? _____

3. How long have you been at your present residence? _____

4. If less than one (1) year, please list your previous address: _____

I hereby affirm the information given above is true to the best of my knowledge and give the spcaLA permission to use said information in order to obtain data regarding my background.

Signature _____ Date _____



spcaLA Harassment Policy

The Society is committed to providing a work environment that is free of harassment. Harassment based on an individual's race, color, religion, sex, national origin, ancestry, age, medical condition (cancer-related condition), physical or mental disability, genetic characteristics, Vietnam Era veterans status or disabled veterans status, marital status, sexual orientation or any other legally-protected characteristic will not be tolerated. All employees are expected to abide by the policy.

Definition of Sexual Harassment

Sexual harassment refers to behavior of a sexual nature that is unwelcome and personally offensive to its recipients. Sexual harassment is a form of employee misconduct that is demeaning to another person and undermines the integrity of the employment relationship. For example, unwanted physical contact, foul language of an offensive and sexual nature, sexually oriented propositions, jokes or remarks, obscene gestures or the display of sexually explicit pictures, cartoons, screen savers or other materials, or improper use of the computer system to harass others may reasonably be considered offensive to another employee and, thus, should not occur. This policy applies to both direct, personal interactions and communications accomplished through the Society's e-mail, voicemail, computer and online systems. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute 'sexual harassment' when:

- a) **submission to such conduct is made explicitly or implicitly a condition of your employment;**
- b) **submission to or rejection of such conduct is used as a basis for an employment decision affecting you; or**
- c) **the harassment has the purpose or effect of unreasonably interfering with your work performance or creating an environment that is intimidating, hostile or offensive to you.**

Complaint Procedure

If you feel that you have been harassed based on your race, color, religion, sex, national origin, ancestry, age, medical condition (cancer-related condition), physical or mental disability, genetic characteristics, Vietnam Era veterans status or disabled veterans status, marital status, sexual orientation, or other legally protected characteristic, you should immediately report the matter to your supervisor. If that person is unavailable or if you believe that it would be inappropriate to contact your supervisor, you should immediately contact the Human Resources Department.

A prompt investigation will be conducted and appropriate corrective action will be taken where it is warranted.

Any supervisor or manager who becomes aware of any possible sexual or other unlawful harassment should immediately advise the Human Resources Department, for an investigation of the matter. All complaints of unlawful harassment will be investigated in as discreet and confidential a fashion as possible. No person will be adversely affected in employment with the Society as a result of bringing complaints of unlawful harassment.

Any employee engaging in improper harassment will be subject to disciplinary action, including possible termination of employment.

We encourage you to use the Society's procedure for resolving complaints of harassment, including claims of sexual harassment, and we believe that this procedure is effective. However, you may file complaints of discrimination, including complaints of sexual harassment or retaliation for having made claims of sexual harassment, with the California Department of Fair Employment and Housing ("DFEH"). If the complaint is not resolved by DFEH, it may be heard by the California Fair Employment and Housing Commission ("FEHC"). FEHC may dismiss the complaint or may order a variety of remedies such as hiring, reinstatement, actual damages, compensatory damages or penalties. The DFEH can be contacted at 1-800-884-1684. You can contact the nearest field office of the EEOC by calling 1-800-669-4000. You should be aware that both federal and state law provide time limits within which complaints must be filed. Therefore, you should contact the relevant agency to determine the applicable time limit

I, _____ received this policy on _____, 2008.
(print name) (date)

Signed: _____