



Volunteer Application

Caring Canines - Animal Assisted Activities

☐ **Mayo Clinic**
Scottsdale Campus
13400 East Shea Boulevard
Scottsdale, Arizona 85259
480-301-6142

☐ **Mayo Clinic**
Phoenix Campus
5777 East Mayo Boulevard
Phoenix, Arizona 85054

(please print)

Name: LAST FIRST M.I.

Address: (No PO Box)

City: State: Zip Code:

Home Phone: Cell Phone:

E-mail Address: Home State:

Birth Date (month/date/year):

Name of Dog: Age: Breed:

In case of an emergency, please notify (local person only):

Name: Home Phone:

Relationship: Cell Phone:

Availability

Please specify days and hours available:

Are you a year-round resident?

If no, what dates are you away? Leave Return

Please note summer address:

Referral

Who referred you to Mayo Clinic Volunteer Services? (please check one)

- | | | | |
|--|--|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Self-referred | <input type="checkbox"/> Mayo Employee/Physician | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mayo Clinic Volunteer | <input type="checkbox"/> Mayo Clinic Website | <input type="checkbox"/> Friend | <input type="checkbox"/> School |

Name:

Have you ever been employed by Mayo Clinic? ☐ Yes ☐ No

Have you ever served as a volunteer? ☐ Yes ☐ No

If yes, where?

Education

Please check **one** number below: your **highest** level of schooling completed or current year in school.

High School:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
College:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Graduate School:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Qualifications

Do you have special qualifications, capabilities, or a particular interest in any of the following areas?

- | | | |
|---|--|--|
| <input type="checkbox"/> General Office Work/Clerical | <input type="checkbox"/> Library Skills | <input type="checkbox"/> Public Speaking/Tours |
| <input type="checkbox"/> Gift Shops/Retail | <input type="checkbox"/> Patient Transport | <input type="checkbox"/> Other _____ |

Previous work experience:

Other computer/equipment skills (types of hardware and software)

Fluency in a language other than English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Language: _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read <input type="checkbox"/> Write

Caring Canines Animal Assisted Activities Requirements

_____	Handler must be 21 years of age
_____	Handler/Dog must be certified by either Pet Partners (formerly The Delta Society), Therapy Dogs Incorporated or Therapy Dogs International
_____	Current with mandatory vaccinations
_____	Previous experience in a healthcare environment

Training

New placement opportunities often become available. Would you be willing to cross-train in two or more areas to assist in meeting the changing needs of our patients, staff, and guests?

☐ Yes ☐ No

Preferred areas _____

TB Testing

Have you, or believe that you have, received a positive or questionable TB test result?

☐ Yes ☐ No

Conflict of Interest

It is important to the integrity and success of Mayo Clinic and Volunteer Services that all volunteers strive to avoid any actual, potential, or implied conflict between their interests and the interests of Mayo Clinic. Volunteers may have access to privileged, confidential information regarding Mayo Clinic's professional, business, or research activities, and they must not use such information to derive personal benefit, either directly or indirectly, whether it be financial or otherwise.

Confidential Information

As a Mayo Clinic Volunteer, you may have access to privileged information concerning patients or employees. When you accept an assignment, you also accept an obligation to keep confidential information precisely that - confidential. Only physicians, under certain circumstances, are authorized to release medical, surgical, or laboratory findings concerning a patient or his/her problems. Volunteers may not reveal any of this information.

Carelessness or thoughtlessness in the handling of such information is ethically unacceptable and could expose you and the clinic/hospital to legal action. You must also understand that in the performance of your duties as a volunteer, you must hold in strict confidence any observations you may make, see or hear regarding patients, physicians, or personnel.

I have read the above statement, I understand the contents and I agree to conduct myself in accordance with this requirement. I will not discuss confidential information regarding patients, employees or business operations.

Signature _____

Date _____

Our volunteer positions should not be viewed as a means of obtaining permanent employment at the clinic or hospital. Persons seeking paid positions should apply in the Human Resources Department.

Conditions

If accepted, I agree to abide by all policies and guidelines of the Volunteer Services Department. I understand that my volunteer service is "at will," meaning that it may be terminated at any time by either party.

Signature _____

Date _____

For Office Use only

Checklist:

- ☐ Certification
- ☐ Vaccinations

Separation Information

Date Left Program: _____

Reason for Leaving:

Forwarding Address: