Thank you for renewing your membership with HOPE AACR!

**Joined HOPE during 2018?** You are not required to complete the continuing education courses/activities

on pages 4-6 this year, but you must complete the rest of this application.

Joined HOPE in 2017? You must have completed the items at the bottom of page 4 as well as the rest of this application.

Joined HOPE 2016 or earlier? Please complete the entire application.

**QUESTIONS? Failure to return any or all pages fully completed will result in a delay in your renewal.**

If you have any questions prior to mailing, please e-mail your individual

Regional Director/State Coordinator and include “Action Item: HOPE Renewal” in the subject line.

\_\_\_\_\_\_\_ **Membership Renewal Application** Team Leaders = page 1–10. Canine Teams = pages 1–14.

\_\_\_\_\_\_\_ **Membership Dues -** Payment Options are listed below. The volunteers who process our renewals need time to manage the workload involved in preparing our organization for moving forward with our mission in 2019. Please complete and send your paperwork as early as possible during December. To provide incentive for submitting **completed** applications before the 12/31/2018 deadline, we offer the payment options below.

|  |
| --- |
| \*\*\* ***PLEASE READ CAREFULLY*** \*\*\*Complete & send via USPS mail to your Regional Director / State Coordinator.Check the table below for correct mailing address.**Original, hard copies of ALL forms MUST be received within these deadlines.***MAKE A COPY of your forms for your own records before mailing!*NOTE: All members must complete a background check process through *Verified Volunteers*. Please refer to email from HOPE President on this topic for complete details. This process is handled separately from this renewal packet. |

*Please indicate which option you choose.*

**Online Payment Options (indicate “renewal” in the notes section in PayPal)**

* Payment made through PayPal on or before 12/31/2018 = $68
* Payment made through PayPal between 1/1 and 1/31/2019 = $78

**Payment by Check (make out to HOPE AACR)**

* When paying by check with an application postmarked by 12/28/2018 = $65
* When paying by check with an application postmarked between 12/29/2018 and 1/31/2019 = $75

**PLEASE NOTE**: If any portion of your application is delayed/not completed and will therefore be received after your payment, your payment \*must\* reflect the date the completed application packet is postmarked. **PLAN AHEAD.**

***After making a copy for your own records*, prepare payment and mail forms to your representative at the address below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If you live in** | **Send your app to** | **Address** | **City, State** | **Zip** |
| AL | Lannie Newman | 2628 Ridgewood Lane | Moody, AL | 35004 |
| AR | Amy Greenway | 1507 Phillip Dr. | Jacksonville, AR | 72076 |
| GA, KY, MS | Myla Mitchell | 2409 Briarmoor Rd. NE | Atlanta, GA | 30345 |
| Midwest Region(IA, IL, IN, MI,MN, MO, OH, WI) | Nick Meier | 19215 E. Steel Rd. | DeTour Village,MI | 49725 |
| New England(CT, MA, MENH, RI, VT) | Ned Polan | 10 Pine Meadow Dr. | Southampton,MA | 01073 |
| NC | Valerie Wolford | 6971 Shady Creek Trail | Rougemont, NC | 27572 |
| NJ & NY | Brian Flynn | 2079 Park Settlement RD. | Owego, NY | 13827 |
| NM & Texas | Sharon Evans | 5911 Grandwood Lane | Katy, TX | 77450 |
| PA | Sue Herman | 5519 Grubb Rd. | Erie, PA | 16506 |
| Pacific NorthWest (ID, OR, WA) &British Columbia | Molly Fischer | 18133 154th Ave NE | Woodinville WA  | 98072 |
| Pacific SouthWest(AZ, CA, NV) | Steve Booth | 424 Bluebell Ave. | Placentia, CA | 92870 |
| Rocky Mountain Region (CO, MT) | Karen Klein | 12702 Antelope Trail | Parker, CO | 80138 |
| SC, FL | Cindy Becker | 738 Huntington Ct | Burlington, NC | 27215 |
| TN | Pete Friedman | 1448 Howling Dr. | Collierville, TN | 38017 |
| VA & MD | Joan Heverly | 874 Mereer New Wilmington Rd. | New Wilmington, PA | 16142 |

|  |  |  |
| --- | --- | --- |
| Has your address changed in 2018? (circle, as appropriate) | Email AddressChanged | Mailing AddressChanged |
| Your name: |  |
| Membership Type: (circle) | Canine Team | Team Leader |
| Month/Year *Originally* Certified: |  |
| HOPE ID number: |  |
| Email Address: |  |
| Alternate Email Address: |  |
| Mailing Address: |  |
| City, State and Zip Code: |  |
| Home Phone: |  |
| Cell Phone: |  |
| Work Phone: |  |
| Member Occupation: |  |
| Any pertinent certifications or licensures? Please list. |  |
| Are you a member of another AACR organization? Please list. |  |
| Emergency Contact Person: |  |
| Emergency Contact Phone: |  |

**Canine Information:** *(Canine teams only)*

**Note:** Each canine must have a completed Canine Health Record. (Pages 12-14.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dog** | **Name** | **Breed** | **Year Certified** | **Birthdate (MM/DD/YYYY)** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

**Are any of these canines a service animal or a working dog in another capacity? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No**

**If yes, please explain.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**By signing this application, you are agreeing to indemnify, defend, and hold harmless HOPE, its directors, officers, and volunteers, from and against all claims and/or losses asserted directly or indirectly by you or any other person for any actual or alleged act or failure to act involving your service dog or having your service dog present while engaging in HOPE activities.**

**“THE CORE FOUR”**

These special education items must be completed by each member before their second renewal.

Each item is required only once, but refreshers are recommended.

|  |  |
| --- | --- |
| **Training** | **Date**  |
| When was your last Human First Aid/CPR training? |  |
| When was your last Pet First Aid/CPR training? |  |
| When did you complete the FEMA ICS 100, IS 100b, IS 100.C course? Introduction to the Incident Command System |  |
| When did you complete Psychological First Aid? |  |

**TRAINING & HOPE ACTIVITIES**

**Members should complete at least three HOPE activities and two training events.**

**Attach Certificates or Proof of Training**

**•** Training attended during 2018 to improve canine handling. (List dates and courses attended.) Examples: Nosework, agility, puppy classes, canine behavior modification, canine stress management, etc.

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**•** Training attended during 2018 to improve crisis & disaster response and leadership skills. (List dates and courses attended.) Examples: CISM courses, FEMA courses, Red Cross Disaster courses, CERT and Emergency Management courses, crisis intervention, disaster mental health, psychological first aid, etc.

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**•** Training attended during 2018 to improve medical knowledge/skills. (List dates and courses attended.) Examples: pet first aid/CPR, human first aid/CPR, etc.

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**•** Organizational roles for HOPE AACR to support the growth and development of HOPE and our volunteers. **(List position held. Examples:  member of active committee, workshop planning team, training event coordinator, committee chairperson, State/Area Coordinator, Regional Treasurer, Regional Director, Board Member.)**

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

 **•** Attendance at regional or national HOPE meetings. (List dates during 2018.)

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 **•** Assisted with regional open houses, screenings or workshops. (List dates during 2018.)

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 **•** Participated in drills. (List dates during 2018 and title of drill.)

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 **•** Participated in deployments. (List dates during 2018 and callout title.)

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**•** Provided presentation about HOPE (approved by RD). (List dates during 2018, title of presentation, venue.)

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 **•** Involvement with community emergency/crisis responders. (List dates during 2018 of events such
 as meetings with CERT, Red Cross, VOAD, etc.)

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**•** Other RD-approved activities during 2018. Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Code of Ethics**

**Certified Members of HOPE Animal-Assisted Crisis Response agree to the following:**

1. Recognize that animal assisted crisis response is founded on standards of competence and practice that promote the best interest of the client, the handler, and the animal.

2. Espouse integrity; maintain the highest standards in the services offered; respect the values, attitudes and opinions of others; and provide services only in an appropriate and professional relationship.

3. Members shall not misuse or misapply the name or endorsement of HOPE Animal- Assisted Crisis Response.

4. While representing HOPE Animal-Assisted Crisis Response, members must avoid acting in any manner that is detrimental and/or contrary to the success of HOPE AACR. For example, while in uniform and working, members shall not consume alcohol or illegal substances that may impair performance.

5. Not discriminate in providing animal-assisted crisis response based on race, religion, age, gender, disability, ethnicity, national origin, sexual orientation, economic condition or any other basis proscribed by law.

6. Recognize the need for and complete ongoing education to maintain current competence and to improve expertise and skills.

7. Recognize, affirm, and act on our commitment to the field of animal-assisted therapy. Members shall maintain current AAA/AAT registration through a formal organization that has a published evaluation process. Members shall volunteer to provide these non-crisis related services within their community.

8. Respect the integrity and protect the welfare of the person or group with whom you are working.

9. Embrace the duty of protecting the privacy of those with whom you work (clients and other members of the organization). Do not disclose confidential information obtained in teaching, practice or research.

10. Inform the client of the nature of the services to be provided.

11. Not engage in sexual activity with clients.

12. Treat other members of HOPE Animal-Assisted Crisis Response and members of other disaster and crisis organizations with respect, courtesy and fairness. Cooperate with these organizations in order to serve the best interests of the clients we serve. Members must conduct themselves with honesty and integrity at all times.

13. Not knowingly engage in a behavior that is harassing or demeaning, including, but not limited to, sexual harassment.

14. Not exploit individuals whom we serve. This includes not marketing our individual products or services to individuals with whom we have contact through our position with HOPE Animal-Assisted Crisis Response.

15. Acknowledge the limits of personal and professional knowledge in any public statement regarding the organization. State completely and honestly our training. Not overstate our training and experience. Not offer information or advice in areas for which we are not qualified.

16. Not participate in the filing of complaints or grievances against HOPE AACR members that are frivolous or have a purpose other than to protect the public.

17. Strive to inform the public, through civic and professional participation in community affairs, of the effects of trauma and disaster and the mitigating impacts of animals in these situations.

18. Adopt a personal and professional stance promoting the well-being of all human beings and all animals.

19. Assign credit to all who have contributed to the work, particularly published materials, and for the work upon which publication is based.

20. For credentialed members who are mental health or other professionals, the HOPE AACR Code of Ethics shall operate in addition to the individual's professional code of ethics. In all cases, the higher standard shall apply.

21. For credentialed members who are not trained, licensed, or certified mental health professionals, in no way shall the member portray himself or herself as having a level of professional certification to which they are not entitled. (For example, handlers are not 'counselors,' 'social workers,' 'psychologists,' or 'psychiatrists' unless they have professional training and/or credentials as required by law in the state in which they would be licensed or certified.

22. Members or HOPE applicants shall not carry weapons on HOPE official business or engage in illegal actions or activities. A HOPE volunteer, whether on or off duty, shall not wear any clothing or items identifying the volunteer as a HOPE member while *openly* carrying a weapon.

I have read and agree to abide by these Code of Ethics:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

# General Liability Release & Assumption of Risk Agreement

*By signing this document, you will waive certain legal rights. Please read carefully.*

HOPE Animal-Assisted Crisis Response, hereinafter referred to as HOPE AACR, operates as an all-volunteer non-profit corporation for the purpose of providing comfort and encouragement to people affected by crises or disasters. The activities HOPE AACR members participate in *do* involve some level of risk to themselves and their canines.

I understand that participating in HOPE AACR activities involves inherent risks that may include risk of injury or death to myself and/or my canine(s), and damages to personal property I may have and/or use while volunteering with HOPE AACR.

I also acknowledge that I am a volunteer member, and that I will not be compensated for any services I may provide to HOPE AACR, its members, or any other individual or organization I work with as a volunteer of HOPE AACR. As a volunteer member of HOPE AACR, I understand that I will not be entitled to, nor will I receive any form of worker’s compensation benefits in the event I am injured while volunteering with HOPE AACR.

By signing this agreement, I agree to the terms and conditions as stated by this document, and that I shall be legally bound by these terms and conditions for myself, my heirs and assigns, executors or administrators. I further agree to hold harmless, waive and release forever, all claims for damages against HOPE AACR, and do hereby indemnify HOPE AACR, its board of directors and officers, members, and its agents, from or against any liability stemming from my actions or those of my canine(s). In the event the validity and/or enforceability of this document must be adjudicated in any court or tribunal, I hereby acknowledge that the prevailing party shall be entitled to recover all fees and costs, including, but not limited to, reasonable attorney's fees.

I attest that I am at least 18 years of age and am competent to enter into this agreement. Before signing this agreement, I read it in its entirety and fully understand the contents, meaning, and impact of this document.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Member Photo Release**

As a certified member of HOPE Animal-Assisted Crisis Response I hereby grant permission to use my likeness in photographs taken at any time while I am acting on behalf of HOPE AACR. HOPE AACR may use these photographs in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of HOPE AACR and will not be returned.

I hereby irrevocably authorize HOPE AACR to edit, alter, copy, exhibit, publish or distribute these photos for purposes of publicizing HOPE AACR or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge HOPE AACR, its directors, officers, Members, and other persons volunteering for HOPE AACR from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 18 years of age and am competent to contract in my own name. I have read this release in its entirety before signing and fully understand the contents, meaning, and impact of this release.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Membership Directory Release**

I authorize HOPE AACR to release the following information to HOPE AACR members in the HOPE directory. I understand that HOPE AACR will not release this HOPE directory to non-members, but that HOPE AACR cannot control the release of this information to other parties. I understand that including my information in the HOPE directory is optional. Please circle “yes” or “no” for each:

 Yes No Mailing Address Yes No Home Phone Number

 Yes No Cell Phone Number Yes No E-Mail Address

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOPE ANIMAL-ASSISTED CRISIS RESPONSE** -- AAA/T VISITATION LOG FOR RENEWAL -- HOPE handlers must complete required visitation activity throughout the year with *each* HOPE canine and complete one log *per dog* for renewal.

**Handlers must complete twelve AAA/T visits OR an equivalent combination of AAA/T and HOPE activities. [The basic requirement of three HOPE activities for annual renewal still stands, and each HOPE activity can only be applied in one category. However, handlers may substitute HOPE activities over and above the three required for up to six of the required AAA/T visits. Please note: HOPE activities substituted for AAA/T visits *must* involve your dog visiting with the public, and may be used only at the rate of one HOPE activity per day regardless of length.]**

Handler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AAA/T Org: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Facility (or event/callout)** | **Location** | **Contact Name/Phone (or list RD/Team Leader)** | Length of visit (exclusive of travel) |
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By my signature, I attest that the foregoing information is true and correct.

Handler Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Canine Health Record

*(Canine Teams only)*

*To be completed by owner*

|  |  |
| --- | --- |
| Owners Name: | Date: |
| Dogs Name: | Sex: [ ]  M [ ]  F |
| Breed: | Spayed/Neutered? [ ]  Yes [ ]  No |
| Is your dog micro-chipped? [ ]  No [ ]  Yes If yes, give brand & ID #: |
| Dog’s Lifestyle? [ ]  Active [ ]  Moderately Active [ ]  Moderately Sedentary [ ]  Sedentary |
| Is this dog ever boarded at kennels? [ ]  No [ ]  Yes (If Yes, how often?) |
| What activities do you do with this dog that might expose it to other animals? [ ]  Dog Shows [ ]  Dog Parks [ ]  Other (explain) |
| Do you consider your dog to be overweight? [ ]  No [ ]  Yes (If Yes, are you working on reducing your dog’s weight? Please explain.) |

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| Veterinarian:Please complete the remainder of this form. *Please consider completing this form free of charge due to the expenses the owner incurs to volunteer with HOPE.* |
| How long have you known the owner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Section 1: General Health of the Dog |
| Please rate the overall health of this dog: [ ]  Excellent (No serious chronic diseases or disorders) [ ]  Very Good (Minor complaints only) [ ]  Good (Chronic conditions with occasional flare-ups, controlled with treatments) [ ]  Poor (Serious chronic condition(s) requiring on-going treatment)Notes: |
| Vital Signs: Pulse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Respiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Medications: |
| How often do you see this dog? [ ]  At least annually [ ]  Wellness program [ ]  Only when ill or injured [ ]  Every \_\_\_\_\_\_\_\_\_\_\_\_ months | Other: |

|  |
| --- |
| Section 2: General Systems Evaluation |
| Please note any abnormal issues and comment on findings. Note any physical problems that might put the dog at risk while working in crisis response. |
| System | Normal | Abnormal | Findings/Comments |
| General Appearance |  |  |  |
| Skin/Coat |  |  |  |
| Musculoskeletal |  |  |  |
| Heart/Lungs |  |  |  |
| Digestive |  |  |  |
| Urogenital |  |  |  |
| Eyes/Ears |  |  |  |
| Nervous |  |  |  |
| Lymphatic |  |  |  |
| Mucous Membranes |  |  |  |
| Teeth/Mouth |  |  |  |
| Notes: |

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| Section 3: Vaccinations |
| HOPE AACR believes that the veterinarian and the dog’s owner are in the best position to decide what types of tests and immunizations are appropriate for the animal to participate in crisis response work. Rabies immunizations are required for all dogs. Please list all other vaccinations given, and/or titers tests run with their results.*Veterinarian may attach a separate vaccination record in lieu of completing this section.* |
| Vaccination | Expiration Date | Test | Results |
| Rabies |  |  |  |
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| Section 4: Parasite Control |
| External parasite control will vary depending on your geographic area. Please indicate -Parasite(s) controlled for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Method(s) of control: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Internal parasite control will have some variation depending on your geographic area of the country. HOPE AACR *requires* annual fecal tests to check for internal parasites. Annual tests are *required* even if the dog is on preventative medications.  Date of last fecal exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Negative result required for completion)* |

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| Section 5: Overall Assessment |
| Given the activity level and travel associated with this work, in your professional judgment, is the canine suitable for animal-assisted crisis response?[ ]  Yes [ ]  No If no, please explain:Signature of DVM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

END of HOPE AACR Membership Renewal Application