

**Colorado State University – School of Social Work – 1586 Campus Delivery – Fort Collins, CO 80523 – 970-491-2776 –** **HABIC@colostate.edu-** **FAX: 970-491-1713**

## Application For Membership

**Name:**

**Home Address:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Email Address:**

**Birthday:**

**Drivers License #(If applicable):**

**Special Interests/Hobbies/Skills:**

**Experience or special skills that would be helpful in visits to individuals with special needs**

**Other skills/talents (clerical work, fund raising, legal affairs, newsletter, art work, etc.) you would like to offer HABIC:**

## Pet Information

**Name of pet(s):**

**Breed:**

**Age:**

**Sex:**

**Type of pet (dog, cat, etc.):**

**Neutered/spayed?** [ ]  **Yes** [ ]  **No**

**Has this pet ever bitten anyone?** [ ]  **Yes** [ ]  **No**

**Which veterinary clinic do you use for general pet care:**

**Clinic Address:**

## Membership Preference

**If interested in supporting HABIC through volunteer services, please indicate:**

•In what type of animal-assisted activity are you interested? Children Adolescents Adults Elderly

•What days of the week and time of day you are available to volunteer?

**Morning:**

**Afternoon:**

**Evening**

***HABIC will attempt to meet your preferences after current vacancies are reviewed or new programs are developed.***

## References

**Reference 1:**

Name:

Relationship:

Address:

Business Phone:

Home Phone

**Reference 2:**

Name:

Relationship:

Address:

Business Phone:

Home Phone

## Emergency Contact

**IN CASE OF EMERGENCY, NOTIFY:**

**ADDRESS:**

**PHONE:**

**I authorize HABIC to verify the above information and to contact the references I have listed. I understand this information is confidential.**

**Some facilities working with HABIC will complete background checks on volunteers prior to placement.**

**I understand that as a HABIC member who will complete HABIC training, there is the expectation to volunteer as a human-animal team for HABIC. The minimum time commitment is one hour per week, for one year.**

**Signature:**

**Date:**

**Your interest in HABIC is greatly appreciated! After completing this application please return it to:**

**HABIC ~ Colorado State University**

**School of Social Work**

**1586 Campus Delivery**

**Fort Collins, CO 80523**