

HUMAN-ANIMAL BOND IN TENNESSEE

THE UNIVERSITY OF TENNESSEE COLLEGE OF VETERINARY MEDICINE VETMED.TENNESSEE.EDU

For Office Use Only:			
Rec'vd			
Paid			
	APPLICATION FOR V	OLUNTEER S	SERVICES
			Date:
Your interest in HABIT is greatly	appreciated. Please co	mplete this app	lication and return to the address below.
Name:(Please Print <u>Legal</u> Name) First	Middle	Last	
·			
Nickname:	Birtl	1 Date:	
Home Address:			
	Street		
City	State	Zip	
Home Telephone:	Work 7	Telephone:	
Cell Phone:			
Cell Phone:	E-maii:		
Emergency Contact:	Name		
	Name		Telephone number
to provide services to those in nee and the costs of providing our ser	n. We depend on the god. Annual membership rvices to the communit give as generously as e or \$50 family.	enerosity of mer donations help y. Additional c	to: <u>UT-HABIT</u>) mbers and others in the community in order cover mailing costs of materials sent to you contributions are necessary to continue and dition to the minimum annual suggested
Family membership (2 or m	ore people/ 2 or more a	nimals) \$50.00	
Contributor \$51-\$149	Donor \$150- \$499	_	
Sponsor a Facility \$300.00	Benefactor \$500-	\$999	
Sponsor \$1,000-\$4,999	Patron\$5,000- \$49,99	9 Red Sca	rf \$50,000 and up
I would like information abo	out including a gift in m	ny will or estate	plans
annual donation is enclosed and II do not wish to volunteer with	of HABIT. I wish my a have or will attend a H h an animal, however, I ill receive HABIT's new	animal to be me ABIT Informati wish to become sletter and info	dically and behaviorally evaluated. My on Meeting. e a member of HABIT by paying the annual rmation regarding HABIT events. (It is not

I would like to volunteer with a HABIT Loaner Animal if an appropriate animal is available. I understand I must attend a HABIT Information Meeting. My membership donation is enclosed.
I do not wish to participate in animal visitation, but I would like to volunteer my pet as a HABIT Loaner Animal. I understand I must attend HABIT's Information Meeting and have my animal medically and behaviorally evaluated. My membership donation is enclosed.
VOLUNTEER INFORMATION
Occupation:
Employer:
Experience or special skills, hobbies or interests that would be helpful in visits.
Would you be interested in working special events? Yes / No
How did you hear about HABIT?
PET INFORMATION Please complete this portion only if you have an animal you wish to be evaluated (loaner animals included). Pet Name Size
Age of animal Sex of animal Neutered: Yes No
NOTICE: Animals being fed raw protein foods are not eligible for HABIT programs. Please contact the HABIT office for more information.
Please NOTE and Initial: As a H.A.B.I.T. volunteer, I agree that any financial burden resulting from an injury to me or my animal during a HABIT visit will not be covered by the University of Tennessee. I am expected to maintain my own health/liability insurance for myself and am responsible for any costs that result from injury to either myself or my animal.
VOLUNTEER WORK PREFERENCE The HABIT office will attempt to meet your preference after current facility needs are reviewed. The majority of our facilities serve the elderly with fewer opportunities to visit other age groups. If possible, I would like to visit: (more than one may be checked)
ElderlyAdultsAdolescentsChildren
Please indicate day(s) of the week you are available to volunteer:
Mon Tues Wed Thurs Fri Sat Sun
Times Available: Morning Afternoon Evening
Signature Date Thank you for your interest in being a HABIT Volunteer.

^{*}All gifts/donations are tax deductible