



## TLC- Traveler Loving Canines Volunteer Application Form

Please send completed applications to:

TJ Williams, [twilliams@flybirmingham.com](mailto:twilliams@flybirmingham.com)

Thank you for your interest in BHM's TLC Program, a volunteer comfort dog therapy program at BHM. Please complete all sections of this form. PLEASE PRINT CLEARLY.

### SECTION 1: PERSONAL INFORMATION

Name: _____ Date of Birth (MM/DD): _____
Address:
City, State, Zip:
Home Phone: _____ Cell Phone: _____
E-mail:
Emergency Contact: _____ Phone: _____
Employer: _____ Phone: _____
Occupation:
Educational Background:
Languages Spoken:
Please list other organizations you have volunteered with your dog and for how long: 1. _____ 2. _____ 3. _____ 4. _____
How did you hear about the TLC comfort dog program? _____ _____
What are your other interests and hobbies? _____ _____

**SECTION 2: DOG INFORMATION**

Name of dog(s):
Breed/Description:
Age of dog(s):
Weight: _____ Sex: _____ Spay/Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>
Veterinarian Name: _____ Phone: _____
Name of Practice:
Date of last vaccines: Rabies _____ DHLPP _____ Bordetella _____
Date of last veterinarian exam:
Please describe any physical or medical restrictions for your dog (e.g. epilepsy, diabetes, heart problems, arthritis): _____ _____
Is your dog on any medication for these conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you the owner of the dog? Yes <input type="checkbox"/> No <input type="checkbox"/> How long? _____
Where did you get your dog (breeder, shelter, rescue)?
How old was your dog when you got it?
Did you attend a formal obedience class and graduate together? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide the name of your instructor:
Does your dog respond well to basic obedience commands? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your dog house broken? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your dog received any awards? _____ _____
How would your dog respond to a busy airport environment that includes loud noises, elevators, sudden crowds, unexpected hugs from children, people, being accidentally bumped into or stepped on, wheelchairs, intercom announcements, lots of big luggage on wheels and carts, etc.? _____ _____ _____

**SECTION 2: DOG INFORMATION CONT.**

Please describe the positive and negative traits of your dog:

Positive: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Negative: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your dog ever been asked to leave a facility? Yes  No

Has your dog ever bitten another person or dog? Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What days and times are you available for a 1-2 hour shift?

\_\_\_\_\_

**SECTION 3: CERTIFICATION / REGISTRATION**

What certification/registration therapy dog program(s) do you belong to?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Please feel free to add or write any other information you would like us to know about:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide copies of the following documents. Please note that all documents must be current.**

1. Certificate of Liability Insurance with Alliance of Therapy Dogs
2. Copy of Alliance of Therapy Dogs identification card for you and your dog
3. Any certification for training
4. Copy of driver's license

**Birmingham Shuttlesworth International Airport requires that all badged employees disclose the following information: Have you ever been convicted of a misdemeanor or felony other than minor traffic violations?**

Yes \_\_\_\_\_ (Please initial) \_\_\_\_\_ No \_\_\_\_\_ (Please initial) \_\_\_\_\_

**I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that I will Birmingham Shuttlesworth International Airport permission to conduct a background check.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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