







REFERENCES: Please provide two character references.

NAME	EMAIL	Address

In consideration of Golden PAWS Assistance Dogs, its vendors and/or contractors accepting my application for participation in volunteer programs, I agree to release and hold any and all parties harmless from and against any and all loss, damage, claims, liability, costs, and expenses, of any nature whatsoever, including without limitation attorney’s fees and disbursements, arising from or occasioned by my participation in any and all programs. I agree that if an accident or injury should occur, no matter how minor, I will notify Golden PAWS Assistance Dogs staff immediately and seek any necessary medical attention utilizing my own medical insurance and any/all care sought is at my personal expense.

I agree that Golden PAWS Assistance/Therapy Dogs may photograph my participation in this program, and hereby release any such photographs to these parties for use in its programs, publications and other purposes.

**I understand there are certain risks inherent in handling animals for those on certain medications (blood thinners in particular) or with compromised immune systems or balance issues, in addition to zoonotic disease; I understand that I must notify Golden PAWS staff if any of the aforementioned applies to me.**

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

**Date:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Mail completed application to:  
 Golden PAWS Assistance Dogs, Inc.  
 3173 Horseshoe Drive S., Naples, FL 34104  
 239.775.1660 [www.pawsassistancedogs.org](http://www.pawsassistancedogs.org)  
 Email: [info@pawsassistancedogs.org](mailto:info@pawsassistancedogs.org)**

**Golden PAWS Assistance Dogs is a 501(c)(3) nonprofit organization that promotes independence for combat wounded Veterans and children with life-changing disabilities through partnerships with skilled assistance dogs. Our service dogs are always placed at no cost to those they serve.**