

Wait List Request Form

If you are interested in becoming a Pawprints Program volunteer, please complete the form below. Completed requests will be placed on the Pawprints waitlist. Pawprints Program Coordinators will be in touch to provide an updated status as well as to learn more about your experiences and interest.

Thank you, Lynn Belkin & Kristen Priven Pawprints Program Coordinators/Child Life Specialists

Please note the following requirements:

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- Dogs must be at least 2 years old and registered with a therapy dog organization.
- Teams must commit to volunteering twice a month for a period of at least one year.
 - Visits are scheduled Monday to Friday (mid-morning late afternoon).
 - Weekends Active teams will be notified if/when there is a weekend request.
 - Please include a copy of your therapy dog registration and a photo of your dog.
- For any questions, please contact Lynn Belkin at 617-355-6743.

Owner's Name		Date	
Owner's Phone Number(s)			
Owner's Home Address			
Owner's Email Address	□		
Dog's Call Name		Dog's Sex	🗌 Male 🗌 Female
Breed		Dog's DOB	

Therapy Dog Organization/Registration_

What location (s) are you interested in (you can mark more than one). Please note, all initial/screening steps take place in Boston?

- □ Boston Main Campus
- Waltham

- Peabody
- Jamaica Plain Martha Elliot Health Center

What days/times are you available to volunteer?

AM – Starting at 9:30/am

- Monday AM
- Tuesday AM
- Wednesday AM
- Thursday AM
- Friday AM

PM – Ending at 4PM

- Monday PM
- Tuesday PM
- Wednesday PM
- Thursday PM
- Friday PM

Please send completed forms to: Boston Children's Hospital Pawprints Program 300 Longwood Avenue, Boston, MA 02115 Or Email/Scan to Paw.Prints@childrens.harvard.edu

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