



Boston Children's Hospital Pawprints

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 & Kathleen Hong
Pawprints Program Coordinators

Please note the following requirements:

- 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?

- | | |
|---|--|
| <input type="checkbox"/> Boston – Main Campus | <input type="checkbox"/> Peabody |
| <input type="checkbox"/> Waltham | <input type="checkbox"/> 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 PawPrints@childrens.harvard.edu