



LIBRARY & SCHOOL FACILITY APPLICATION

Facility Name: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Librarian/Contact Person: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Please indicate if you are requesting visits for: _____ A children's reading program

_____ Animal Assisted Therapy

Please choose & complete either Section A or Section B below.

A. GROUP SESSIONS: There will be a scheduled day and time where a group of PAWS of CNY volunteers and dogs will attend the session and will participate for no longer than 2 hours.

B. INDIVIDUAL SESSIONS: At the scheduled day and time, only one PAWS of CNY volunteer and dog will attend the session and will participate for no longer than 2 hours at any one time.

Approximately how many children will be participating in each session? _____

Please indicate the day(s) and times that are most convenient for PAWS of CNY volunteers to visit.

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

Where should the volunteer teams check in, when they arrive at your facility for the visits?

Please note which area(s) of your facility the volunteers will be working in:

Please specify any special regulations and/or requirements pertaining to your facility that we need to be aware of:

How did you hear about PAWS of CNY, Inc.? _____

PAWS of CNY, Inc. is a non-profit organization and would appreciate a small donation for services if possible.