



## Angel PAWS MEMBERSHIP APPLICATION

*NOTE: You must be a member of Champion Forest Baptist Church to participate in Angel PAWS*

Participant's Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

List names of those under 18 yrs of age who plan to attend visits (Please note: Anyone below the age of 18 yrs may only attend visits with an Angel PAWS member. Any age facility restrictions must be followed.)

\_\_\_\_\_  
\_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog's Age: \_\_\_\_\_ Weight: \_\_\_\_\_ How long have you owned your dog: \_\_\_\_\_

Has your dog been previously certified as a CGC (Canine Good Citizens)? Yes No  
If Yes, please provide a copy of your CGC Certificate.

Has your dog had regular vet visits and current on all shots? Yes No

Has your dog shown any aggression toward people? If yes, please explain. Yes No

\_\_\_\_\_  
\_\_\_\_\_

Has your dog shown any aggression toward other animals? If yes, please explain. Yes No

\_\_\_\_\_  
\_\_\_\_\_

Our Mission is to use our furry friends to provide comfort to those who God places in our path. Given our mission statement, what draws you to want to become a member of Angel PAWS?

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By signing this application, you indicate you have read and the Visitation Rules and agree to abide by the rules of Angel PAWS. You agree that you will not allow anyone other than those listed in this application to attend visits.

**LIABILITY RELEASE:**

In consideration of **Champion Forest Baptist Church** allowing the ministry participation, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **Champion Forest Baptist Church**, its trustees, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the Pet Therapy Ministry events. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in Pet Therapy Ministry, including any trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in pet therapy activities involved therein. Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

Participant's printed name: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date

Signed: \_\_\_\_\_

*Do Not Write Below This Line*



For Office Only

Date of CGC Test: \_\_\_\_\_ Date of Policy and Witness Training: \_\_\_\_\_

Angel PAWS Membership #: \_\_\_\_\_ CFBC Membership#: \_\_\_\_\_