



OFFICE ON AGING AND INDEPENDENCE

HOWARD COUNTY DEPARTMENT OF COMMUNITY RESOURCES AND SERVICES

9830 Patuxent Woods Drive ■ Columbia, Maryland 21046 ■ 410-313-6410 voice/relay

Jennifer L. Crawley, Administrator
aging@howardcountymd.gov

FAX 410-313-6540

Dear Volunteer,

Thank you for your interest in Howard County Paws4Comfort. The purpose of our program is to bring enjoyment, social contact, and a “loving touch” during regularly scheduled visits to nursing homes, rehabilitation centers, and other facilities serving Howard County. For a list of possible locations and programs, please see our brochure. Volunteers under the age of 18 must be accompanied by a parent at the evaluation and on each visit. Enclosed is more information about our program and an application form. Please fill it out and bring it to the evaluation.

If Howard County Public Schools are closed, or evening activities are canceled due to inclement weather, pet evaluations will be canceled.

Pets MUST be evaluated for temperament and suitability, and then a vet check will also be necessary. We will refuse any dog that is deemed unsuited to the program due to age, breed or behavior. Paws4Comfort DOES NOT accept any breed that is considered aggressive or potentially aggressive including but not limited to Pit Bulls, American Staffordshire Terriers, or American Bull Dogs. This includes any mixed breed that has the appearance or characteristics of these breeds. We DO NOT accept titers performed in lieu of vaccinations. When you have been given a visiting assignment, a criminal background check will be done by Howard County at no cost to you. We DO NOT accept court-ordered volunteer service or pets fed a raw meat diet or raw treats.

Our evaluations are scheduled for the first Thursday of every month. Individuals who register for an evaluation and do not attend three times will not be scheduled again.

Please call in advance to confirm the date and time.

TELEPHONE: (410) 313-7461 (Paws4Comfort) or (410) 313-7213 (Bain 50 + Center) and ask for the Paws4Comfort office.

PLACE: Bain 50+ Center

5470 Ruth Keeton Way

Columbia, MD 21044 (Across from Kahler Hall in Harpers Choice)

There is extra parking located behind the building

Bring your pet on a leash or in a crate. NO Flexi leashes and no choke or prong collars allowed. Exercise your pet before you come. If you need accommodations to attend, please contact me at the number above or e-mail at igleysteen@howardcountymd.gov.

Looking forward to seeing you and your pet,

Ingrid Gleysteen, Program Coordinator

Howard County Paws4Comfort

9830 Patuxent Woods Drive

Columbia, MD 21046

igleysteen@howardcountymd.gov

410-313-7461 (Voice/Relay)

FAX 410-313-5950

*The Department of Community Resources and Services provides vital human services through its offices of
ADA Coordination, Aging and Independence, Children and Families, Community Partnerships, Consumer Protection,
Human Trafficking Prevention, Local Children's Board, and Veterans and Military Families.*



Volunteer Application

9830 Patuxent Woods Drive
COLUMBIA, MD 21046
CONTACT: INGRID GLEYSTEN
410-313-7461 FAX 410-313-5950
igleysten@howardcountymd.gov



☐ Mr.
☐ Miss NAME: _____
☐ Mrs. _____

First Middle Last

ADDRESS: _____
Street City State County Zip

TELEPHONE: _____
Home Work Cell

E-MAIL ADDRESS: _____ DATE OF BIRTH: _____
MM DD YY

EMERGENCY CONTACT: _____
Name Relationship

TELEPHONE: _____
Home Work Cell

OCCUPATION: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

HOBBIES OR SPECIAL INTERESTS: _____

NURSING HOME PREFERRED: _____

HOW DID YOU HEAR ABOUT VOLUNTEERING WITH
HOWARD COUNTY PAWS4COMFORT: _____

DEMOGRAPHIC INFORMATION

RACE: ☐ WHITE ☐ AFRICAN AMERICAN ☐ ASIAN ☐ AMERICAN INDIAN/ALASKAN ☐ HAWAIIAN PACIFIC ISLANDER ☐ 2 OR MORE
ETHNICITY: ☐ HISPANIC ☐ NON HISPANIC ☐ OTHER PLEASE LIST _____

PET INFORMATION:

NAME: _____ SPECIES: _____ BREED: _____
AGE: _____ WEIGHT: _____ SEX: _____ NEUTERED: ☐ YES ☐ NO
HOW LONG HAVE YOU OWNED THIS PET: _____
VETERINARIAN: _____ VET'S PHONE: _____
LIST YOUR PETS TRAINING OR SPECIAL ABILITIES: _____

ANY PET APPLYING TO THIS PROGRAM MUST BE PROPERLY LICENSED IN ITS COUNTY OF RESIDENCE, AT LEAST ONE YEAR OLD, AND LIVED WITH YOU FOR 6 MONTHS. PETS FED RAW BONES AND TREATS OR A RAW FOOD DIET CANNOT PARTICIPATE IN THIS PROGRAM. WE WILL REFUSE ANY DOG THAT IS DEEMED UNSUITED TO THE PROGRAM DUE TO AGE, BREED OR BEHAVIOR. PAWS4COMFORT DOES NOT ACCEPT ANY BREED THAT IS DEEMED AGGRESSIVE OR POTENTIALLY AGGRESSIVE INCLUDING BUT NOT LIMITED TO PIT BULLS, AMERICAN STAFFORDSHIRE TERRIERS, OR AMERICAN BULL DOGS. THIS INCLUDES ANY MIXED BREED THAT HAS THE APPEARANCE OR CHARACTERISTICS OF THESE BREEDS.

DATE: _____

APPLICANT'S SIGNATURE _____

WOULD YOU LIKE TO BE CONTACTED REGARDING OTHER VOLUNTEER OPPORTUNITIES ?

☐ YES

☐ NO

COMMENTS:

If you need this form in an alternate format, please contact Ingrid Gleysteen, 410-313-7461 (Voice/Relay) or igleysteen@howardcountymd.gov .

OFFICE USE ONLY

EVALUATION DATE: _____

PLACED: _____

SITE: _____