



Howard County Office on Aging

6751 Columbia Gateway Drive, Suite 200, Columbia, MD 21046

aging@howardcountymd.gov • www.howardcountyaging.org
VOICE/RELAY 410-313-6410 • FAX 410-313-6540

Starr P. Sowers, Administrator

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 schools are closed due to bad weather, we must cancel our meeting.

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 commencing with May 2016.

Please call in advance to confirm the date and time. There is extra parking located behind the building

PLACE: Bain 50+ Center
5470 Ruth Keeton Way
Columbia, MD 21044 (Across from Kahler Hall in Harpers Choice)

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

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
Bain 50+ Center
5470 Ruth Keeton Way
Columbia, MD 21044
igleysteen@howardcountymd.gov
410-313-7461 (Voice/Relay)
FAX 410-313-7465



Volunteer Application

5470 RUTH KEETON WAY
COLUMBIA, MD 21044
CONTACT: INGRID GLEYSTEN
410-313-7461 FAX 410-313-7465
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: _____