



PAWS in the Workplace Agreement

PAWS for People is a nonprofit organization which recruits, tests, and trains people and their well-behaved pets (dogs, cats, and rabbits) to visit with anyone in our community who has a need for a pet visit. Most of our visits occur at our partnering sites. Sites we partner with and have signed agreements which specify the type of visit we provide, and other details agreed upon by both parties. Some of our pet therapy visits take place at community events where PAWS teams share their pets with people attending community-focused events.

PAWS in the Workplace is a separate program which provides PAWS' pet therapy teams the opportunity to provide pet therapy in their own workplace. Both PAWS and the place of business must approve the visitation in writing. PAWS will provide the following to therapy team's workplace:

- 1) Verify completion of PAWS Orientation & Training
- 2) Provide proof of:
 - a. PAWS Standards of Excellence (STEX) certification
 - b. PAWS Recertification as required every two years
- 3) Copy of therapy companion's vaccination records
- 4) Verify PAWS membership in good standing

PAWS staff may work with site staff to create:

- 1) A comprehensive pet therapy policy
- 2) Guidelines for handlers
- 3) Permission forms (if appropriate)

INSURANCE – PAWS team visits that occur during regular business hours (including overtime and anytime for which the PAWS member is being paid) *are not* covered by PAWS' commercial liability policy as the team member is acting in their capacity as an employee of their place of work and not as a volunteer. For that reason, PAWS will verify the member's employer's insurance coverage (or any other coverage the member may have).

However, if the volunteer's work place is a PAWS partnering site and they are visiting during non-work hours (on personal time), they would be covered under PAWS commercial liability policy.

PAWS materials, logos, trademarks, and methods are the sole property of PAWS for People (PAWS) and may not be used without the express written consent of PAWS. Members, sponsors, partners and third parties may not replicate or use PAWS' property without written permission.

I understand and accept the terms of the PAWS in the Workplace policy.

(Name & Signature of PAWS Pet Therapy Team)

(Date)

(Name, Signature, and e-mail of Supervisor)

(Date)

Workplace Name & Address

Name & Signature of PAWS Representative

(Date)