

Caring Canine

Application for Full Volunteer Membership - Therapy Dog Handler

Volunteer Info (required)

Volunteer: _____ DOB: (mm/dd/year): ____ / ____ / ____

Address: _____ Major Intersection: _____

City: _____ Province: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Phone (cell): _____ Email: _____

1) Photo ID for verification^{1, 2}: _____ type _____ Document #: _____

2) Address ID for verification: _____ type _____ Document #: _____

In case of emergency, please contact³ (required)

1) Name: _____ Relationship: _____

Phone Number(s): _____

2) Name: _____ Relationship: _____

Phone Number(s): _____

References⁴ (required):

1) Name: _____ Relationship: _____

Address & P.C.: _____ Phone #: _____

2) Name: _____ Relationship: _____

Address & P.C.: _____ Phone #: _____

Volunteer's Initial (required): _____

¹ Photo ID and address ID may be the same document (e.g. a driver license.) Acceptable photo IDs include Canadian driver license/passport/citizenship card/landed immigrant card/senior citizen card. Acceptable address IDs include Canadian driver license, utility bills, and police check result. To protect your privacy, we do **not** accept provincial health card, credit card, credit card statement, or bank account statement as proof of identification.

² All ID must be current. (ID must **not** have expired. Utility bill should be dated within the last two months.)

³ At least one emergency contact should be someone who will **not** be volunteering with you.

⁴ Referees must be at least 21-years old and have known the volunteer for at least 2 years. We do **not** accept references from relatives of the applicant. A standard reference form will be mailed directly to the each referee. The referees listed should agree to return the completed reference forms to Caring Canine.

Application for Full Volunteer Membership - Therapy Dog Handler (continue)

Info About Your Dog (required)

Dog: _____ Breed: _____

DOB (mm/dd/year): ____ / ____ / ____ Sex: _____ Neutered/Spayed: _____

Veterinarian: _____ Phone: _____

Office Address: _____

City: _____ Province: _____ Postal Code: _____

Brief History Profile of Your Dog (required):

How long have you lived with the dog indicated above? (Please list breaks longer than 3 months within the last two years.)

Does the dog indicated above live with other animals? (Please list all.) _____

Has the dog indicated above ever bitten or attacked any human being? _____ Yes / No

Has the dog indicated above ever bitten or attacked any animals? _____ Yes / No

Has the dog indicated above ever been bitten or attacked by any human being? _____ Yes / No

Has the dog indicated above ever been bitten or attacked by any animals? _____ Yes / No

Have you been advised by any dog trainer, CGC or CGN evaluator, therapy dog evaluator, veterinarian, or police officer that your dog exhibit aggression and therefore should avoid contact with strangers or children, or that it should wear a muffler in public? _____ Yes / No

If your answer to any question is yes, or if you have other info on sign of aggression from your dog, please provide details on the space below or on additional pages signed by you. Thanks.

Volunteer's Initial: _____

Volunteer's Name: _____

Application for Full Volunteer Membership - Therapy Dog Handler (continue)

Additional Information⁵:

1) Would you be visiting with other volunteers? Please list the names and relationships below.

2) Are you **not** comfortable with any type of residents? Please circle **all** those apply. (**Note:** Experience is **not** required as long as you have the desire to visit the residents and are willing to go through the required training provided.)

- elders with advanced Alzheimer
- adults with multiple (physical and learning) disabilities
- isolated elders or people with disabilities living at home (must visit with at least one other volunteer)
- **non**-violent addiction patients in a rehabilitation program
- **non**-violent patients with mood/mental disorder (depression, bi-polar disorder, schizophrenia, etc.)

3a) Will you be driving to where you volunteer? (Free parking available.) _____ Yes / No _____

3b) How far (km) are you willing to travel? _____

4a) When would you like to volunteer? (Please circle all those apply.)

weekday daytime

weekday evening

weekends

4b) Would you like to visit more than or less than once a week? (Please specify.) _____

5) What languages/dialects other than English do you speak? Please list them in order of decreased proficiency. (You may be asked to visit residents who speak the language listed.)

6) Is there any facility you would particularly like to visit because your relative(s) or friend(s) live there? Please **only** list the name and department (or contact person) of the facility.

7) How did you first hear about Caring Canine? (Please be specific - e.g. which newspaper, etc.)

8) Would you like us to team you with another volunteer? _____ Yes / No / Doesn't matter _____

9) Would you like to be informed of our social activities by email? _____ Yes / No _____

10) Are you interested in administrative⁶, technical or driving duties? _____ Yes / No _____

If yes, areas of interest: _____

⁵ Information provided on this page will help us match your preference during assignment and improve our program. Your cooperation will be appreciated.

⁶ Police check is required for administrative duties. Police check may be required for technical or driving duties.

Application for Full Volunteer Membership - Therapy Dog Handler (continue)

Additional Information (continue):

Mandatory Guideline for Therapy-Dog Handlers at Caring Canine

Defining the Team and the Roles of Team Members

1. The term “your dog” or “your therapy dog” in this **entire** guideline refers to the dog listed on your approved application form. When visiting on behalf of Caring Canine, you can **only** visit with your therapy dog but **not** with any other dog.
2. When visiting on behalf of Caring Canine, you can **only** visit with other volunteers who have been pre-approved for the visit by Caring Canine; you should **not** visit with your personal friend or any other person who has not been pre-approved by Caring Canine.
3. The term “your visiting therapy-dog team” in this **entire** guideline refers to the therapy dog and **all** therapy-dog volunteer(s) (handler(s) or companion(s)) visiting with the therapy dog at the designated facility on behalf of Caring Canine.
4. When visiting on behalf of Caring Canine, **only** you, the handler of your therapy dog, should handle your therapy dog; other people (including approved *therapy dog companion volunteers* accompanying the visit) should **not**. Exception is allowed **only** when the handler has lost conscious or the ability to handle the dog during a visit; in this case, a healthy staff member or volunteer who is most familiar with the therapy dog or dogs in general should then handle the therapy dog.
5. If Caring Canine has **only** approved you for monitored visits,
 - a. you can visit on behalf of Caring Canine **only** when accompanied by your designated mentor/supervisor from Caring Canine. Violation will result in disqualification from Caring Canine membership immediately.
 - b. Caring Canine will **not** provide any insurance coverage or be responsible for any visit you make without your designated mentor/supervisor from Caring Canine, even if the facility approves your visit.

Caring Canine reserves the right to disqualify you and your therapy dog if your team’s performance during the monitored visits is judged to be inadequate. Your team’s performance will be discussed with you. The final decision lies with Caring Canine.
6. Even if you have passed an evaluation with more than one dog, you are allowed to visit with **only one** therapy dog on each visit. If you would like to visit with at most two dogs at the same time, please submit your written request to Caring Canine. Caring Canine will consider each case on an individual basis. Additional evaluation or monitoring may be required.

Active Membership

7. To visit on behalf of Caring Canine, you and your therapy dog must be active qualified members of the *Doctor Dog Program* or *Professor Dog Program* at Caring Canine. Furthermore, all your visits on behalf of Caring Canine must be pre-approved by Caring Canine. Caring Canine will **not** provide insurance coverage or be responsible for any visit you make without our approval or notice, even if the facility approves your visit. In fact, any visit not approved by Caring Canine will disqualify you (and your dog) as a member of Caring Canine immediately.
8. Caring Canine reserves the right to suspend your (and your therapy dog) membership or reassign you to another facility upon receiving complaints from the facility you visit and/or observing unsatisfactory performance of your team at anytime. All complaints will be discussed with you but the final decision will rest with Caring Canine. You (and your therapy dog) must **not** visit on behalf of Caring Canine when you are suspended.

Volunteer’s Initial (**required**): _____

Volunteer’s Name: _____

Mandatory Guideline for Therapy-Dog Handlers at Caring Canine (continue)

9. You agree to be accompanied by a volunteer leader/mentor from Caring Canine or a staff member from the facility during your regular visit(s) upon request from Caring Canine. In general, all volunteers will be subject to at least one such request each year. This helps Caring Canine review the performance of your team and the condition of your therapy dog annually. Moreover, it allows Caring Canine to provide you with the support you need and improve the *Doctor Dog* or *Professor Dog* program based on feedbacks and experience.
10. It's your responsibility to renew your membership with Caring Canine annually. If your status with Caring Canine changes before your renewal date, Caring Canine will contact you and provide reason.
11. To maintain your status as an active qualified member of the *Doctor Dog Program* or *Professor Dog Program* at Caring Canine, you must complete a minimum of 20 one-hour visits annually. Caring Canine understands that circumstances do arise and can grant exception on an individual basis upon request and discussion. However, in such cases, your annual membership fee after the first year may **not** be waived.
12. If you are disqualified or suspended from Caring Canine because of unsatisfactory performance, your membership fee is **not** refundable.

Applicants under 18

13. All volunteers under 18-years old must obtain written parental or guardian's consent. If this applies to you, please note that Caring Canine will terminate your membership immediately upon request from your parent(s) or guardian(s) to do so.
14. All volunteer under 16-years old must be accompanied by his/her parent(s) or guardian(s) at all time on all visits on behalf of Caring Canine. Furthermore, the child to parent/guardian ratio during any visit should **not** exceed one.
15. All volunteers must be at least 14-years old.

Police Check and Allowed Activities

16. When you visit the vulnerable on behalf of Caring Canine, or participate in leadership or administrative duties etc, you agree to submit to a volunteer police check upon request at anytime during your membership. Should you refuse, Caring Canine reserves the right to suspend all your duties/visits and disqualify your membership.
17. You agree to notify Caring Canine immediately if you have been charged with or convicted of any criminal activity. Caring Canine reserves the right to suspend or re-assign your duties, and/or terminate your membership.
18. At all times, you must **not** engage in any illegal activity.
19. When visiting on behalf of Caring Canine, you agree to do **only** therapy-dog work approved by Caring Canine. You should **not** engage in any other activity. Caring Canine will **not** be responsible for and will **not** provide insurance coverage for any activity outside of your designated-therapy dog work.

Attendance and Sign-in

20. You must read any newsletter/memorandum/letter addressed to you in the folder when you **sign in**.

Volunteer's Initial (required): _____

Volunteer's Name: _____

Mandatory Guideline for Therapy-Dog Handlers at Caring Canine (continue)

21. You must sign in and sign out in the Caring Canine sign-in folder at the start and the end, respectively, of each visit you make on behalf of Caring Canine.
22. You should ensure that the staff at the facility you visit is aware of and approves all your visits in advance. You agree to commit to your visitation schedule and notify the facility in advance if you need to be excused from a visit.

Uniforms

23. You should wear your Caring Canine ID **when and only when** visiting on behalf of Caring Canine.
24. When you visit on behalf of Caring Canine, you should be clean and tidy. Furthermore, your attire should be modest and acceptable to the facility you visit.
25. You should bring a clean “dog towel” and a hand sanitizer with you on each visit. See *Caring Canine Health Guideline for Therapy Dogs* for details.
26. You may be asked to put a uniform on your therapy dog during visits. The uniform may contain sponsorship information. You may refuse sponsorship information on the uniform for your therapy dog; in this case, you will be solely responsible for your **non**-subsidized membership fee (which will include the costs of insurance, police check, etc.) annually.

Health Requirements of Yourself

27. To visit on behalf of Caring Canine at a facility, you must complete and follow all the health requirements and guideline at the facility.
28. You should **not** visit on behalf of Caring Canine when you are sick or have any infection that may be passed on to those you visit through normal contact. (This includes a cold.)
29. Recreational drugs and alcohols are **straightly prohibited 24 hours before and on the day** of your visit on behalf of Caring Canine.

Health Requirements of (or Related to) Your Therapy Dog.

30. You and your therapy dog **must** comply with **all** the **current** rules listed in the *Caring Canine Health Guideline for Therapy Dogs* at anytime to maintain your active membership with Caring Canine. Caring Canine will notify you of any changes based on updated advice from our consultant(s) (professional and research veterinarians). You and your therapy dog should **never** visit on behalf of Caring Canine when your therapy dog does not fully comply with the guideline.
31. You **must** provide Caring Canine with updated vaccination certificate (signed by your veterinarian) and other health info of your therapy dog listed in the **current** *Caring Canine Health Guideline for Therapy Dogs* at least one week **before** the current certificate and document expire. You and your therapy dog should **never** visit on behalf of Caring Canine if your dog is not up-to-date on all the required vaccination.
32. You and your therapy dog should **not** visit whenever your therapy dog is sick, has diarrhea, or has any infection. You should examine your therapy dog for the conditions listed before each visit.

Volunteer’s Initial (required): _____

Volunteer’s Name: _____

Mandatory Guideline for Therapy-Dog Handlers at Caring Canine (continue)

33. You should **not** visit when your therapy dog is in heat.
34. Within 24 hours before each visit on behalf of Caring Canine, you agree to groom your therapy dog; its nails should be short and filed, its ears and teeth should be clean, its hair should be free of fleas, ticks, lice, tangles, or dandruff.
35. After your therapy dog has been put on flea (preventive) medication, you should **not** visit within the next 24 hours, or longer as per instruction on the flea medication and/or advice from your veterinarian. The same applies to other medication your therapy dog is on based on instruction of the medication and/or advice from your veterinarian.
36. Please do **not** visit if any dog/animal your therapy dog live with (if any) is sick, has recently been sick, or has recently passed away. Please check with your veterinarian to ensure that your therapy dog is **not** at risk of being sick before visiting again.

Monitoring Your Therapy Dog

37. When you visit on behalf of Caring Canine, you must **not** leave your therapy dog unattended (e.g. locked in the car alone) on your way to/from your volunteer location.
38. You should always monitor the temperament of your therapy dog. If you observe that your therapy dog displays any sign of aggression **at anytime (not only)** during your visits on behalf of Caring Canine, you must stop all your visits and notify Caring Canine immediately for re-assessment.
39. During your visit on behalf of Caring Canine, you must keep your therapy dog on a leather or nylon leash (of **fixed** length no more than six feet) at all times. Choke chain, metallic leash or collar, slip collar, or electric device designed for barking-control on your dog is **not** allowed.
40. During your visit on behalf of Caring Canine, you must monitor your therapy dog closely. You should terminate a visit immediately when your therapy dog begins to show stress or any aggression (e.g. repeated barking, excessive pending, bowel accidents, teeth-bearing growl, or attempt to attack anyone or any other dogs, etc.). You must then suspend all your visits and notify Caring Canine immediately to re-access your therapy dog. In case of bowel accident, you should clean up after your dog and sanitize the affected surface area.
41. If your dog has been attacked by any animal or human being **at anytime (not only)** during your visits on behalf of Caring Canine, you must suspend all your visits and notify Caring Canine immediately for re-assessment.
42. You should **only** participate in activities which have been shown to you in the pet-therapy training video and during your monitored visits. You should **never** allow your therapy dog (or yourself) to run, approach anyone or walk at a high speed, chase after any object, jump up at anyone, push or pull anyone, grab anything from anyone or any place, eat anything off the floor or other surfaces, play or fight with any toy or any dog during your visit. Furthermore, you should **not** allow your therapy dog to get over-excited at any point during your visit. If **at anytime (not only)** during your visits on behalf of Caring Canine, you cannot control your dog properly and stop it from inappropriate activities on command, you should terminate the visit, stop all your visits, and notify Caring Canine immediately for re-assessment.

Volunteer's Initial (**required**): _____

Volunteer's Name: _____

Mandatory Guideline for Therapy-Dog Handlers at Caring Canine (continue)

Safety For Everyone

43. When visiting on behalf of Caring Canine, you agree to exercise common sense, and **not** harm or abuse (physically, verbally, or sexually) anyone. Follow the training and guideline you receive at the facility and always ask for staff's assistance when needed.
44. **Every** time a resident expresses the desire to harm himself, you must notify the staff immediately. Furthermore, you should note down – with a witness – the full name of the staff you have notified, the date and time as well as a brief description of the incident.
45. When visiting on behalf of Caring Canine, you (and your therapy dog) should **not** bring any food, drinks, or drugs to anyone you visit. Do **not** purchase any of these items on behalf of those you visit either. Ask for staff's assistance when needed.
46. When visiting on behalf of Caring Canine, you (and your therapy dog) **must not** move, lift or feed anyone you visit; **only** trained professionals at the facilities you visit are allowed to perform such tasks. Please know all emergency intercom/bell systems at **every** place you visit **in advance** and call for staff's assistance when needed.
47. When visiting on behalf of Caring Canine, you should notify the staff and terminate your visit at the facility immediately if you encounter **any** dog which is off-leash, out-of-control, or display any aggression. Furthermore, you should report the situation to your mentor/supervisor at Caring Canine and suspend your visits at the facility until further notice from Caring Canine.
48. You must **not** take any resident out of the facility you visit on behalf of Caring Canine. Furthermore, you must **not** take any resident out of a locked unit within the facility.

Emergency and Evacuation Procedure

49. You **must** fully understand and follow the fire and evacuation procedure for therapy dog volunteers at the facility. You must also know all the fire and emergency routes and exits **beforehand**; do **not** wait until there is an emergency or fire. If you have any concern about this issue, please raise it with Caring Canine immediately.

Confidentiality and Privacy

50. All information about anyone you visit is confidential, and should **not** be discussed in front of other residents or in public. If you have any concern, please bring it to the attention of the staff taking care of the resident at the facility or your mentor/supervisor at Caring Canine.
51. You must obtain written consent from all parties involved before taking any photos at the facility and/or publishing the photos. Parties involved include people in the photos, their guardians, the facility, and Caring Canine.
52. Any information you obtain about any Caring Canine volunteer from your volunteer work at Caring Canine is confidential, and should **not**
 - a) be disclosed to any third-party outside of Caring Canine
 - b) be used for any purpose other than the designated volunteer activities for which you have obtained the information forunless you have obtained explicit permission from the volunteer involved.

Volunteer's Initial (required): _____

Volunteer's Name: _____

Mandatory Guideline for Therapy-Dog Handlers at Caring Canine (continue)

Report of Accidents or Incidents

53. If

- 1) any member of your visiting therapy-dog team or anyone you visit suffers any injury (**whether** the injury is caused by member of your visiting therapy-dog team **or not**) while you are visiting on behalf of Caring Canine, **or**
- 2) if anyone (**even if** the person is **not** someone you intend to visit) suffers any injury directly or indirectly because of any member of your visiting therapy-dog team while you are visiting on behalf of Caring Canine,

you **must**

- a. report the incident to the staff at the facility and ask for help immediately
- b. call for emergency help (911) immediately if appropriate
- c. report the incident to your mentor/supervisor at Caring Canine as soon as possible
- d. submit a detailed written report on the incident to Caring Canine within 24 hours
- e. suspend all your visits on behalf of Caring Canine (at all facilities) until further notice from Caring Canine.

This is done **to protect you as well as anyone who have suffered the injury**. Caring Canine will keep all reports on file for at least two years. You should also keep a copy of all your reports for an even longer period.

Gifts and Donations

54. You should **not** solicit any money, donation, or gift on behalf of Caring Canine or yourself from those you visit on Caring Canine's behalf. **Voluntary** gift to you from those you visit on Caring Canine's behalf should **not** exceed \$10 annually. All **voluntary** donations to Caring Canine must go through the proper procedures outlined in the guideline for the specific facility you visit.

Conflict of Interests

55. The trainer who trains your dog should **not** be the evaluator who evaluates your dog for its suitability to perform therapy-dog work on behalf of Caring Canine. This is to avoid potential conflict of interests. Furthermore, familiarity with the evaluator gives your dog an unfair "advantage" during the evaluation. It is **your** responsibility to disclose such potential conflict of interests, if any, to Caring Canine in advance.

Support

56. You may request reassignment or discuss any concern you have with your leader/mentor/supervisor at Caring Canine. You may also bring your concern directly to the coordinator in your area.

Other Guidelines and Conditions

57. When visiting on behalf of Caring Canine, you (and your therapy dog) agree to follow any additional guidelines at the facility you visit and go through the training required at the facility.

58. Caring Canine reserves the right to update and/or supplement this guideline to improve the *Doctor Dog Program* or *Professor Dog Program* based on feedbacks and changes in circumstances. Should this happen, Caring Canine will notify you of the changes. You (and your therapy dog) must follow the current guideline when you visit on behalf of Caring Canine.

Volunteer's Initial (**required**): _____

Volunteer's Name: _____

Applicant's Consent

I have read and understood the guideline in this document. I hereby declare that all information I have provided in this document is accurate and correct to my knowledge. Furthermore, I agree to comply with all rules listed in this guideline. I understand that 1) all my visits on behalf of Caring Canine will be covered by up to two-million dollar **third-party** liability insurance from Caring Canine and 2) my membership at Caring Canine will remain active **if and only if** a) all information I have provided in this application or in any document to Caring Canine or the facility at which I volunteer is correct and true and b) I comply with all rules listed in this guideline. Furthermore, I understand that Caring Canine is **not** responsible in anyway for any of my activity outside of my designated therapy dog work or any activity which has not been pre-approved by Caring Canine.

By signing this application, I understand that third-party liability insurance does **not** provide protection for any injury or accident a Caring Canine volunteer suffers from other Caring Canine members or their dogs. In addition, I also understand that I and my therapy dog are **not** covered by any **first-person** liability or disability insurance when visiting on behalf of Caring Canine. I agree that I am responsible for my own safety and health, as well as the safety and health of my therapy dog, when visiting on behalf of Caring Canine. I should purchase first-person liability or disability insurance on my own should I require such protection for myself and my therapy dog. I should terminate a visit immediately, suspend future visits, and notify Caring Canine immediately if I feel that the safety and health of myself and my therapy dog may be jeopardized. In addition, I and my therapy dog should **not** consume any food, drinks, or drugs provided to us from those we visit on behalf of Caring Canine.

Volunteers' Signature: _____

Date: _____

Volunteer's Name: _____

Application for Full Volunteer Membership - Therapy Dog Handler

----- **Official Use Only** -----

1) Photo ID⁷: copy verified by: _____ init _____

2) Address ID⁸: copy verified by: _____ init _____

3) Vaccination⁹: copy verified by: _____ init _____

4 a) Worm-preventive medication¹⁰: _____ brand _____ date on package: _____ mm / dd / yy _____

copy verified by: _____ init _____

 b) **OR** stool result¹¹: copy verified by: _____ init _____

 c) **OR** deworm record¹²: copy received by: _____ init _____

5) Observation session: on: _____ mm / dd / yy _____ at facility: _____

by: _____ name _____ comment: _____

6) Evaluation Fee: amount: _____ payment method: _____

received by: _____ init _____ on: _____ mm / dd / yy _____

7) Evaluation: facility: _____ on: _____ mm / dd / yy _____

CC Official (Please Print)	Initial	CC Official (Please Print)	Initial
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

⁷ Please verify that volunteer identity, address, and ID verification information provided on page 1 match those on the photo ID and address ID.

⁸ Please see footnote #7.

⁹ a) Please refer to current health guideline for details on health/vaccination requirements. b) Vaccination record **must** be current (i.e. expire **no** earlier than one month after the date of evaluation). c) **All vaccinations expire one year from the date of vaccination unless otherwise stated explicitly on the vaccination record.** d) Please verify that dog identity and veterinarian information provided on page 2 of this application matches those on the vaccination record.

¹⁰ Please refer to current health guideline for details on health/vaccination requirements.

¹¹ Please refer to current health guideline for details on health/vaccination requirements.

¹² Please refer to current health guideline for details on health/vaccination requirements.

Application for Full Volunteer Membership - Therapy Dog Handler (continue)

----- **Official Use Only** -----

- 14) Orientation: at facility: _____ on: mm / dd / yy _____
- 15) TB Skin / Chest X-ray¹⁹: pass / fail done on: mm / dd / yy _____
original verified by: init copy/original submitted: init _____
- 16) Police Check²⁰: clear / not clear / not required
original received by: init reimbursement paid by: init _____
- 17) Reference #1²¹: good / pass but minor concern (please provide summary) / fail _____
- 18) Reference #2²²: good / pass but minor concern (please provide summary) / fail _____
- 19) Monitored visit²³ #1: on: mm / dd / yy at facility: _____
by: name comment: _____
- 20) Monitored visit #2: on: mm / dd / yy at facility: _____
by: name comment: _____
- 21) Monitored visit #3: on: mm / dd / yy at facility: _____
by: name comment: _____

CC Official (Please Print)	Initial	CC Official (Please Print)	Initial
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

¹⁹ TB Skin Test or Chest X-ray result should be current – within the last three months.
²⁰ Police check may be required for certain volunteer positions and/or facilities. In the case where it is required, please continue to process the application if and only if the applicant has a **clear** record and the **original** has been submitted.
²¹ Original kept on file.
²² Original kept on file.
²³ Original report on **all** monitored visits by volunteer leaders kept on file.