



**PAWS  
OF  
CNY**

## GENERAL FACILITY APPLICATION

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Activity Director/Contact Person: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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

Type of Facility: \_\_\_\_\_

Please indicate the day(s) and time(s) that are most convenient for volunteers to visit:

\_\_\_\_\_

\_\_\_\_\_

Please select the type of visit you are requesting below:

**GROUP SESSIONS:** Volunteers will visit with a group of patients/residents in a designated area of your facility.

**ROOM-TO-ROOM:** Volunteers will travel through your facility going room-to-room and/or to a series of common areas.

Will a staff member accompany volunteers throughout your facility or will a list of approved areas and rooms to visit be provided? \_\_\_\_\_

Approximately how many patients/residents will be participating in each visit? \_\_\_\_\_

Where should the volunteer teams check in, when they arrive at your facility for the visit?

\_\_\_\_\_

Please specify any special regulations and/or requirements pertaining to your facility that we need to be aware of:

\_\_\_\_\_

How did you hear about PAWS of CNY, Inc.? \_\_\_\_\_

**PAWS of CNY, Inc. is a non-profit organization and would appreciate a small donation for services if possible.**