

Bright Spot Therapy Dogs, Inc.

Location(s) of Volunteer Visits & Email Address Update

We are required under our volunteer liability insurance policy to list the names of our volunteers, locations visited, average frequency of visits, and average length of visits.

Please provide us with the following information. If this information changes, please update us. - Thank you.

Name of Volunteer: _____

Name(s) of Dog(s): _____

Address: _____

Where do you do your volunteer therapy dog visits? Please list each place you visit:

How often do you visit? _____

What is the average length of your visits? _____

EMAIL ADDRESS UPDATE:

We want to be sure we have your correct email address. Many notices, as well as our monthly Members E-Newsletter, are emailed to volunteers. It is very important that we have the correct email address in our database. **Please print your preferred email address clearly on the line below:**

☐ **I have read and understand the Bright Spot Member Handbook.**

If renewing by mail, please mail this form together with your \$35 (\$45 after August 1, 2025) renewal fee, the signed Bright Spot Therapy Dog Veterinary Health Form to:

***Bright Spot, c/o Kevin Russell
686 Westhampton Rd
Florence, MA 01062***