

[New England Pet Partners, Inc.](#)

*Bringing people and pets together to enhance well-being and education  
with Pet-Assisted Therapy*



Request for  Mentoring  Volunteer Opportunities

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ C: \_\_\_\_\_

What are your interests in Pet-Assisted Therapy? \_\_\_\_\_

\_\_\_\_\_

Do you currently have a Registered Pet Partner? Yes  No

Are you currently visiting a facility: Yes  No

Please fill out this form and return to [neppnh@comcast.net](mailto:neppnh@comcast.net)