St. John Ambulance Saint-Jean
Ontario Council

APPLICATION FOR THERAPY DOG EVALUATOR

A. PERSONAL INFORMATION (TO BE COMPLETED BY APPLICANT)

1. SURNAME	2. GIVEN NAMES	3. I.D. NUMBER
4. HOME ADDRESS	5. CITY/TOWN	
6. PROVINCE	7. POSTAL CODE	8. BRIGADE UNIT #
9. AREA CODE AND TELEPHONE NUMBER HOME OFFICE		
10. SIGNATURE OF APPLICANT I WILL UNDERTAKE TO EVALUATE ALL DOGS IN ACCORDANCE WITH THE POLICIES SET OUT IN THE ST. JOHN AMBULANCE THERAPY DOG POLICIES AND PROCEDURES. APPLICANT'S SIGNATURE _____ DATE _____		

B. PERSONAL HISTORY

INCLUDE ALL INFORMATION IN REGARD TO PERSONAL DOG EXPERIENCE: YEARS INVOLVED WITH DOGS, TRAINING HISTORY (OBEDIENCE INSTRUCTOR, ASSISTANT, NUMBER OF DOGS TITLED) CONFIRMATION EXPERIENCE, GROOMING, ETC. CONTINUE ON REVERSE SIDE IF MORE SPACE IS REQUIRED.

C. RECOMMENDATION FOR CERTIFICATION

THE ABOVE INFORMATION HAS BEEN VERIFIED AND THE APPLICANT:

❑ MEETS ALL THE REQUIRED STANDARDS

CHIEF EVALUATOR	DATE
POCKET CARD ISSUED BY	DATE