

## THERAPY DOG CO-ORDINATOR BACKGROUND INFORMATION

### A. PERSONAL INFORMATION

SURNAME		GIVEN NAMES	
HOME ADDRESS		CITY/TOWN	
PROVINCE	POSTAL CODE	BRIGADE UNIT #	
AREA CODE AND TELEPHONE NUMBERS			
HOME		FAX NUMBER	
WORK		E-MAIL	
I WILL UNDERTAKE TO CO-ORDINATE ACTIVITIES IN ACCORDANCE WITH ST. JOHN AMBULANCE POLICIES AND PROCEDURES.			
CO-ORDINATOR'S SIGNATURE _____ DATE _____			

### B. PERSONAL HISTORY

<p>INCLUDE ALL INFORMATION IN REGARD TO ADMINISTRATIVE EXPERIENCE AND PERSONAL DOG EXPERIENCE, I.E. YEARS INVOLVED WITH DOGS, ETC. (IT IS NOT MANDATORY THAT THE CO-ORDINATOR HAVE THIS TYPE OF EXPERIENCE, BUT IT IS HELPFUL.) CONTINUE ON REVERSE SIDE IF MORE SPACE IS REQUIRED.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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