



## 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 #		
HOME:		OFFICE:	
10. SIGNATURE OF APPLICANT			
<p>I will undertake to evaluate all dogs in accordance with the policies set out in the St. John Ambulance Therapy Dog Policies and Procedures.</p>			
_____		_____	
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: