



St. John Ambulance

THERAPY DOG CO-ORDINATOR BACKGROUND INFORMATION

A. PERSONAL INFORMATION

1. SURNAME	2. GIVEN NAMES	
4. HOME ADDRESS	5. CITY/TOWN	
6. PROVINCE	7. POSTAL CODE	BRIGADE UNIT #
AREA CODE AND TELEPHONE NUMBERS		
HOME:	FAX NUMBER:	
WORK:	EMAIL:	
10. SIGNATURE OF COORDINATOR		
I will undertake to co-ordinate activities in accordance with St. John Ambulance Policies and Procedures.		
_____		_____
CO-ORDINATOR'S SIGNATURE		DATE

B. PERSONAL HISTORY

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.
