



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.
