



Delta Therapy Dogs Program

Volunteer application

Tell us about you

1. What is your name?

Title: Mr, Mrs, etc.

First Name

Last Name

Postal Address

Postcode

Daytime phone no.

After hours phone no.

Fax phone no.

Mobile phone no.

Email address if available

2. What is your age group?

18 to 29

30 to 39

40 to 49

50 to 59

60+

3. Are you employed:

Full time

Part time

Casual

Self employed

Home duties

Retired

Not in paid employment

4. What is your occupation? (previous occupation if not working)

5. Where did you hear about Delta Therapy Dogs Program?

Delta Instructor

Vet clinic

Therapy Dog Volunteer

Dog Training Club - which one?

Advertising - tell us what kind?

6. What are your expectations from this program? Perhaps social networking, instant rewards, community contribution, etc.

Tell us about your dog

7. What is your dog's name?

Breed

Age

Male

Female

Desexed

No

Yes

8. How long have you owned your dog?

9. Have you taken your dog to any sort of training?

No

Yes

What type? Dog Training Club

Delta Instructor

Private or other type of instructor

What level?

10. Has your dog ever bitten or attempted to bite anyone?

No

Yes

- Please attach details of what happened

11. Has your dog ever bitten or attempted to bite another dog?

No

Yes

- Please attach details of what happened

12. Has your dog ever been bitten or attacked by another dog?

No

Yes

- Please attach details of what happened

13. Have you or your dog visited hospitals, aged facilities and similar environments before?

No

Yes

What places have either of you visited?

14. If available in a branch, would you be interested in the Classroom Canines Program?

No

Yes

15. What days and how often would you like to visit?

Mon

Tue

Wed

Thur

Fri

Sat

Sun

Weekly

Fortnightly

16. Your signature

Date