

**Behind the Line, Inc.**

**Application for Canine Intervention Team**

**Demographic Information:**

|  |  |  |
| --- | --- | --- |
| Handler Name | DOB | Phone # |
| Address | Email: |

|  |  |  |
| --- | --- | --- |
| Dog’s Name: | DOB/Age | Breed |
| Spayed or Neutered? [ ]  Yes [ ]  No | Previous Training? [ ]  Yes [ ]  No |
| Did the dog come from a breeder or shelter? |

**Motivation to Volunteer**

|  |
| --- |
| What motivates you to volunteer with BTL for the Canine Intervention Team? |

|  |
| --- |
| What makes you think your dog would be good working with first responders? |

|  |
| --- |
| What make you think, you and your dog make a good team? |

|  |
| --- |
| How does your dog behave when she/he is introduced to strangers? |

Describe how your dog responds to:

|  |  |
| --- | --- |
| Children |  |
| Women |  |
| Men |  |
| People with Beards |  |
| People with Hats |  |
| Different Skin Colors |  |
| Wheelchairs/Crutches |  |

Have you and your dog participated in dog training? [ ]  Yes [ ]  No

If yes, what type of training (check all that apply)

|  |  |
| --- | --- |
| [ ]  Puppy | [ ]  E-collar |
| [ ]  Intermediate | [ ]  Board and Train |
| [ ]  Advanced | [ ]  Therapy Dog |
| [ ]  Agility | [ ]  Assisted Dog (i.e. guide dog) |
| [ ]  Tricks | [ ]  Service Dog |
| [ ]  Police/Military K9 | [ ]  Facility Dog |

|  |  |
| --- | --- |
| Training Facility: |  |
| Trainer’s Name and Credentials |  |
| Have you and your dog earned any registrations or certificates (i.e., Canine Good Citizen)? [ ]  Yes [ ]  NoIf yes, please list and attach a copy of the certificate:  |

**Insurance**

|  |
| --- |
| Do you have liability insurance for your dog? [ ]  Yes [ ]  No |
| If yes what is: | Policy Provider: |
| Policy Number: |
| Type of Coverage: |

**Availability**

What days and times during the week are you and your dog available to participate in training?

|  |  |
| --- | --- |
| Day | Times |
| Monday |  |
| Tuesday |  |
| Wednesday |  |

What days and times would you be available to participate in site visits?

|  |  |
| --- | --- |
| Day | Time |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the information written above is accurate and truthful.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

Internal

Date Received:

Received By: