

# Canine Assistants Special Educators (C.A.S.E.) Noah's Team Volunteer Application

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_ ( ) Work ( ) Home

Evening Phone Number: ( ) \_\_\_\_\_ ( ) Work ( ) Home

Cell Phone Number : ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Auto Insurance Company and Number: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Describe where you live: \_\_\_\_\_

Do you own or rent? \_\_\_\_\_

If you rent, give landlord's name and phone number: \_\_\_\_\_

\_\_\_\_\_

If you rent, have you obtained permission from landlord? ( ) Yes ( ) No

How long have you been at current address? \_\_\_\_\_

How did you hear about the Canine Assistants program?

\_\_\_\_\_

Do you belong to a service club organization? If so, what is the name of your club?

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Have you ever been involved with another service dog organization? ( ) Yes ( ) No

Have you belonged to humane societies, rescue groups, service dog groups, obedience clubs, etc?  
If so, describe: \_\_\_\_\_

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What are your reasons for wanting to be a Noah's Team Volunteer?

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Have you ever taken obedience classes with your dog? \_\_\_\_\_

Do you have any dogs living with you? If so, what are their breeds, ages and sex?

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Are they spayed or neutered? \_\_\_\_\_

List any other animals living in your home: \_\_\_\_\_

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Can you provide proof of vaccination for animals listed above? ( )Yes ( )No

Do you have an enclosed yard?  Yes  No

Briefly describe your home, yard, and living environment:

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Will the dog be allowed to sleep in your bedroom?  Yes  No

How do you plan to provide exercise for the dog? \_\_\_\_\_

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Are you familiar with the use of a dog crate?  Yes  No

How much time would you be able to devote to exposing the dog outside the home? 1-3 times a week (  ); 3-5 times a week (  ); every day if possible (  )

Will you be able to spend 30 minutes a day training the dog?  Yes  No

Will you be able to take the dog to work?  Yes  No

If so, how often? \_\_\_\_\_

Please describe your work environment: \_\_\_\_\_

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Can you get approval of Building Management if needed?  Yes  No

Are you or any member of your household home during the day?  Yes  No

If so, who is home and for how many hours? \_\_\_\_\_

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Describe a typical day for you:

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Do you have any experience working with people with disabilities?  Yes  No

If so, please describe: \_\_\_\_\_

Do you understand that, if housing a C.A.S.E. dog, this is a long term commitment as a volunteer?  Yes  No

Do you agree to attend training sessions with the dog?  Yes  No

Do you agree to return the dog to Canine Assistants on request?  Yes  No

Are you willing to pay for feeding, care and grooming of the dog?  Yes  No

Are you willing to pay transportation expenses to and from the Canine Assistants training center?  
 Yes  No

If your application is accepted, when would you be ready to start ?

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Please list the name, address and phone number of your veterinarian: \_\_\_\_\_

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Would you like to house a C.A.S.E. dog, or be a Support Team member? \_\_\_\_\_

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To the best of my knowledge, the above information is true and accurate. As a Noah's Team Volunteer, I agree to be responsible for the care, feeding and training of the dog while it is in my care. I will attend regularly scheduled meetings and participate in volunteer activities and programs with the dog. I agree to return the dog to Canine Assistants on request.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed application to:

**Canine Assistants**

**Noah's Team Volunteer Program**

**3160 Francis Road**

**Alpharetta, GA 30004**