

K-9 Reading Buddies of the North Shore

~ A Reading Buddy of a Different Breed ~

Date:

Thank you for your interest in K-9 Reading Buddies of the North Shore.

In order to know you better, please complete the following questionnaire.

Your name:

Home phone:

Home address:

Business phone:

Business address:

Mobile:

Email address:

Your availability:

How did you hear about K-9 Reading Buddies?

Why are you interested in becoming a K-9 Reading Mentor or Associate Member (w/o a dog)?

How long have you and your dog been making therapy visits?

Where have you visited?

What is your experience with children?

Are you comfortable sitting on the floor?

What do you like most about therapy visits?

What do you like least about therapy visits?

Put an **X** beside each environment you prefer:

 **Library** (AAA) - Animal Assisted Activity (motivational, fun):

 **School** (AAA and AAT) – Animal Assisted Therapy (goal oriented, documented)

 **Presentations** for an audience of children or adults

What special skills, background, or hobbies do you bring to your role as a K-9 team member or Associate (w/o a dog)?

What foreign language do you speak or read?

Tell us about your dog(s).

Name:
Breed:
Sex:
Neutered:
Age:
Is your dog a rescue?

Name:
Breed:
Sex:
Neutered:
Age:
Is your dog a rescue?

Has your dog ever bitten or shown aggression to another dog/person? Please describe.

Are you and your dog registered with a therapy dog organization, i.e. Alliance of Therapy Dogs (ATD), Therapy Dogs International (TDI), Pet Partners, Bright and Beautiful, Angels on a Leash, Canine Companions for Independence, Rainbow Animals, Sit-Stay-Read, or other?

If so, please provide the contact information for your evaluator/tester-observer:

Does your dog have any known issues? (Reaction to men, situations, etc.)

Does your dog have any known health problems?

What other types of pets do you have (horses, cats, rabbits, etc.)?

Please list the names and phone numbers of three references. (i.e. dog trainer, volunteer or business relationship, contact at facility where you may have conducted therapy visits with your dog, agility training, etc) .

(1) a reference that knows your dog

(2) a reference that knows you in either a volunteer or business capacity (please provide 3 of these if you are volunteering as an Associate)

(3) a reference that has spent time with you and your dog

These references should not be a family member or a close friend. At minimum, two of your references should be able to attest to your people skills and personal integrity.

Please email the forms below (accessed from the Mentor Volunteer page of our website) to info@k9readingbuddies.org

1. Mentor Biography
2. Signed Photo Consent Form
3. If pertinent, a scanned copy of your Alliance of Therapy Dogs (or other therapy dog organization) signed test/observation document

After internal review of the above documents, we will contact you for a phone conversation.

Thank you for your interest.

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