



Ottawa Therapy Dogs Inc.

Suite 369, 99-1568 Merivale Rd.
Ottawa, Ontario K2G 5Y7
(613) 261-6834 (OTDI)
info@ottawatherapydogs.ca
www.ottawatherapydogs.ca

Associate Member Application Form

The Ottawa Therapy Dogs Inc. (OTD) Associate category of membership is open to all persons who are not currently active as therapy dog handlers and want to participate in OTD. As a volunteer organization, we value and recognize the many important contributions of both our Associate and full Members (active as Therapy dog handlers). There are a variety of areas which may be of interest to you – all of which support our work.

Our Strategic Committees include:

- Board and Committee Membership
 - Standards and Practices
 - Communication
 - Membership Outreach
 - Fundraising
 - Community Outreach
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Our Operational Activities include:

- Team Intake
 - Team Management
 - Facility Qualification
 - Facility Management
 - Review / Recognition
 - Administration
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We invite you to complete the application, indicate those volunteer areas above which may be of interest and, should you have one available, provide us with a copy of your resume.

Please mail your application and your cheque for \$20.00 to the address noted above. Should you have any questions, call 613- 261-6834 (OTDI) or email us at info@ottawatherapydogs.ca.

Your Name: _____

Address: _____

Phone (res): _____

Phone (bus): _____

Fax: _____

Email: _____

Age Category: under 18 years over 18 years

Education/Professional Background: _____

Occupation: _____

Special Hobbies/Interest Areas: _____

Languages Spoken/Understood (other than English): _____

Previous Volunteer Experience: _____

Why do you want to become an Associate Member? What would you like to accomplish?

What do you hope to learn from volunteering with OTD?

Have you ever been involved with therapy dog work? If 'yes', please describe your experiences.
