



Application for Membership

HANDLER

Name _____

Address _____

Mailing Address
(if different) _____

Home Phone _____ Cell Phone _____

Email Address _____

Are you over the age of 18? _____

YOUR DOG

Name _____

Birthdate / Age _____

Breed _____

CGC Tested? If so, when? _____

Male / Female _____ – Neutered / Spayed _____

Current Rabies Shot date given _____ Expiration _____

Veterinarian _____



Additional Information

National Therapy Dog Registering Organization _____

What year was your team registered? _____ Current renewal date _____

Local Therapy Dog group(s) _____

How many years have you belonged to the local Therapy Dog group? _____

Why do you want to be a part of Companions for Courage? _____

Why do you think your dog is a good candidate for Companions for Courage? _____

Please provide the names and phone numbers of at least two professional people (not including family members) that know you and your dog that would be able to give you both a referral.

1. _____

2. _____

Are you willing to agree to a background check and fingerprint check? _____

What days of the week are you available? _____

Which Counties are you willing to work? *(Check all that apply)*

Lake _____ Sumter _____ Marion _____ Orange _____ Osceola _____ Polk _____ Brevard _____



Requirements:

- Handler and dog are required to be active members in a recognized Therapy Dog organization. Former and retired Service Dogs will be considered if they have become Therapy Dogs.
- Handler and dog must have been an active Therapy Dog team for a minimum of two (2) years.
- Handler and dog must be insured through their primary Therapy Dog organization
- Handler must present a copy of the dog's current Rabies vaccination, and a copy of a negative fecal test to leave with the application.
- Handler must undergo background check with local law enforcement.
- Dog must be good around all types of people from all walks of life, and must also be well behaved around other dogs.
- Handler and dog must go through interview process with the CFC membership and the CFC dogs.
- Handler must purchase and embroider blue dog vest/cape.
- Membership fee is a one-time \$100 donation to Companions for Courage / The Animal League

Expectations:

- Handler and dog are expected to remain active members in a recognized Therapy Dog organization.
- All handlers must purchase and wear appropriate Companions for Courage shirt or name tag.
- All dogs must wear blue vest/cape with Companions for Courage embroidered on it. Dog names on the vest are optional.
- Teams must carry the following at all times: CFC insurance, litter bags, 4' leash.
- Dogs must always be clean, nails trimmed, and brushed.
- Handlers must always be clean and presentable.
- Cases can be very sensitive and must be kept confidential.
- The process from deposition to the actual court cases can take months to come to completion, so members must be available and open to a changing schedule.
- Cases are not scheduled on any regular basis, so there may be months with no activity.
- This is a volunteer organization. No one is compensated for their time and effort. (Some courts will allow for reimbursement of parking at the courthouse)