

Information for NCTD Volunteers Interested in Becoming Instructors and/or Evaluators

Now that we are no longer associated with the Delta Society, the NCTD Board of Directors is in the process of formulating standards and training for those who serve as our instructors and evaluators.

Since we each come to the table with different skill sets, interests, and backgrounds in terms of our association with animals, the NCTD Board of Directors feels it is appropriate to ask information from each candidate and then consider each one on a case-by-case basis. To try to be as inclusive as possible, we are asking for a lot of information, but we do not expect that one person will be able to check all of the boxes.

We are asking all current and prospective instructors and evaluators to fill out this form, so that each person's information will be on record. Feel free to take as much space as you need in this Word document. You may, for example, need to add facilities.

If you would like to be considered for either or both positions, please fill out the following application and return it to Melissa McMunn, Director of Process at missym@nctdinc.org. She will forward your application to the Board members for consideration at their next quarterly Board meeting.

Thanks so much for your interest!

Application for National Capital Therapy Dogs
Instructor and/or Evaluator

NAME: _____ **NAME AND SPECIES/BREED OF TEAMMATE(S):** _____
PHONE: _____ **E-MAIL:** _____

CHECK POSITION(S) FOR WHICH YOU WISH TO BE CONSIDERED:
 INSTRUCTOR EVALUATOR (Underline species: dogs, cats, rabbits)

UNDERLINE CURRENT, PAST, OR NEVER TO DESCRIBE PETS YOU LIVE WITH:
DOG (Current/Past/Never) **CAT** (Current/Past/Never) **RABBIT** (Current/Past/Never)

VISITING EXPERIENCE WITH NCTD OR OTHER PET THERAPY GROUP: (list all)

FACILITY 1: NAME
POPULATION:
YEARS:
CURRENT/OR REASON FOR LEAVING:

FACILITY 2: NAME:
POPULATION:
YEARS:
CURRENT/OR REASON FOR LEAVING:

FACILITY 3: NAME:
POPULATION:
YEARS:
CURRENT/OR REASON FOR LEAVING:

DESCRIBE WHY YOU WANT TO BE CONSIDERED AS AN NCTD INSTRUCTOR OR EVALUATOR:

DESCRIBE ANY PROFESSIONAL (P) AND VOLUNTEER (V) TEACHING EXPERIENCE YOU HAVE HAD, NOTING EITHER P OR V TO THE LEFT OF EACH ENTRY. PLEASE INDICATE THE AGE LEVEL OF THE STUDENTS. INCLUDE EXPERIENCE IN TRAINING HANDLERS TO WORK WITH THEIR DOGS, IF APPLICABLE.

LIST ANY COLLEGE DEGREES OR INDIVIDUAL COLLEGE COURSES YOU HAVE HAD THAT COULD ENHANCE TEACHING AND INTERPERSONAL SKILLS, SUCH AS PSYCHOLOGY, GROUP DYNAMICS, COMMUNICATIONS, OR PUBLIC SPEAKING:

ARE YOU CERTIFIED IN R.E.A.D. ? YES NO

ARE YOU CERTIFIED IN PET FIRST AID? YES NO

MARK COURSES YOU HAVE TAKEN WITH YOUR TEAMMATE(S):

- Puppy kindergarten Advanced obedience/CGC NCTD Therapy Dog Class
 Basic obedience NCTD Handlers' Class Rally
 Competitive obedience Tracking Agility
 Private training Conformation handling Other

LIST OTHER COURSES OR SEMINARS YOU HAVE TAKEN TO IMPROVE YOUR ANIMAL HANDLING SKILLS, KNOWLEDGE OF BREEDS, KNOWLEDGE OF ANIMAL BODY LANGUAGE, OR KNOWLEDGE OF PET THERAPY:

LIST THE TITLE AND AUTHOR OF SEVERAL BOOKS OR DVDS CONCERNING PET THERAPY AND/OR DOG TRAINING THAT YOU HAVE FOUND HELPFUL:

IF YOU HAVE EVER SERVED AS AN NCTD MENTOR, STATE EXPERIENCE:

IF YOU HAVE EVER BEEN INVOLVED WITH ANY NCTD TRAINING CLASSES, STATE EXPERIENCE:

IF YOU HAVE EVER BEEN INVOLVED WITH ANY NCTD EVALUATIONS, STATE EXPERIENCE:

IN WHICH OF OUR NCTD REGIONS WOULD YOU BE ABLE TO SERVE? MARK ALL THAT APPLY.

Washington Suburban

Washington D.C.

Baltimore Region

Delmarva (MD/DE)

Southern Virginia Region

In a pinch, anywhere

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE US TO KNOW TO HELP DETERMINE YOUR SUITABILITY AND POTENTIAL SUCCESS AS AN NCTD INSTRUCTOR AND/OR EVALUATOR?

ACTION BY THE BOARD OF DIRECTORS: _____ **DATE:** _____

COMMENTS: