2010 Handler Academy Questionnaire

Name: _____

Address: _____

Phone: _____

Email: _____

Employment Information:

Please list names and ages of family members:

Current Pets: (name, age, sex, spayed/neutered?):

Past Canine Training Experience:

Please list FEMA USAR Team Training or Experience:

Please list FEMA USAR Canine Team Experience:

Why are you interested in becoming a USAR canine handler with the NE-TF 1?:

Please read the following agreement hit submit to submit the form to Monica Barger.

I have read and understand the information provided on the NE-TF 1 2010 Canine Handler Academy program. I understand that this is a volunteer position and that NE-TF 1 retains the right to terminate my program affiliation at any time. I understand that I will not be allowed to bring a canine into the current program without prior approval from the lead canine handler and/or their designee (s). I also understand and agree that I must attend a minimum of 80% of required scheduled classes and team trainings to remain in good standing with the NE-TF 1 canine team. I understand that my participation in the academy is not guaranteed and that my acceptance on the canine team is not guaranteed through completion of the NE-TF 1 Canine Handler Academy.

Submit