



Volunteer Application

Important Note: You must hold a current certification from CCPDT in order to become a volunteer.

Name:

Date:

Address:

City:

State/Province:

Zip/Country Code:

Country (if not US):

Daytime Phone:

Evening Phone:

Cell Phone:

Fax:

Email:

Type of Certification(s):

CPDT-KA

CPDT-KSA

CBCC-KA

Certification Number(s):

Please provide a brief description of your professional duties in your current canine-related employment position:

Why would you like to volunteer with CCPDT?

Which areas are of interest to you as a volunteer?

CPDT Examination Committee

Certification Compliance Committee

Write On Committee

Other - please explain:

CBCC Examination Committee

Professional Outreach Committee

CEU Committee