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**Volunteer Application**

*NOTE: You must hold one or more current certifications from CCPDT® to volunteer.*

**Name**: Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State/Province:** Click or tap here to enter text.

**Zip/Country Code:** Click or tap here to enter text. **Country (if not US):** Click or tap here to enter text.

**Daytime Phone:** Click or tap here to enter text. **Evening Phone:** Click or tap here to enter text.

**Cell Phone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Certification(s):** | **CPDT-KA** | **CPDT-KSA** | **CBCC-KA** |
| **Certification Number(s):** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Expiration Date(s):** | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |

**What are your current canine-related business activities:**

 [ ]  Boarding [ ]  Daycare [ ]  Grooming [ ]  Retail

 [ ]  Group Class Training [ ]  Private Lessons [ ]  Canine Behavior Consultation

 [ ]  Other (please specify): Click or tap here to enter text.

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

Click or tap here to enter text.

**Please indicate the areas in which you have skills/experience:**

 [ ]  Writing/Editing [ ]  Web Design [ ]  Desktop Publishing

 [ ]  Proofreading [ ]  Grant Writing [ ]  Fundraising

 [ ]  Art/Illustration [ ]  Photography [ ]  Videography

 [ ]  Curriculum Development [ ]  Exam Development [ ]  Facilitation

 [ ]  Public Speaking [ ]  Public Outreach [ ]  Volunteer Coordination

**Do you speak a language(s) other than English?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Read** | **Write** | **Speak** | **Fluent** |
| **Language:** | Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| **Language:** | Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| **Language:** | Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| **Language:** | Click or tap here to enter text. |[ ] [ ] [ ] [ ]

**Why would you like to volunteer with CCPDT?**

Click or tap here to enter text.

**Which areas are of interest to you as a volunteer?**

[ ] CPDT Examination Committee [ ]  CBCC Examination Committee

 [ ]  Role Delineation Task Force [ ]  Role Delineation Task Force

 [ ]  Item Writing/Review [ ]  Item Writing/Review

 [ ]  Exam Development/Review [ ]  Exam Development/Review

 [ ]  Standard Setting [ ]  Standard Setting

 [ ]  Exam Rater

 [ ]  Certificate Compliance Committee [ ]  Professional Outreach (Marketing) Committee

 [ ]  CEU Committee [ ]  Personnel/Nominating Committee

 [ ]  Other (please specify): Click or tap here to enter text.

**What is your availability?**

 [ ]  Occasional (a few hours/month)

 [ ]  Frequent (a few hours/week)

 [ ]  Ad Hoc (a few hours on a project-specific basis)

**Optional Information**

CCPDT is committed to reducing bias and respecting diversity, equity, and inclusion (DEI) in all its exams and programs. Information related to race, age, gender, and disability is optional and is requested only to assist in our efforts to incorporate the varied perspectives of our certificants in our volunteer activities.

**Please indicate the race with which you identify:**

 [ ]  Asian

 [ ]  Black or African American

 [ ]  Hispanic, Latino or Spanish

 [ ]  Indigenous People

 [ ]  White or Caucasian

 [ ]  Other (please specify): Click or tap here to enter text.

 [ ]  Prefer Not to Say

**Please indicate your age range:**

 [ ]  Under 25

 [ ]  25 to 29

 [ ]  30 to 39

 [ ]  40 to 49

 [ ]  50 to 59

 [ ]  60+

**Please indicate the gender with which you identify:**

 [ ]  Male

 [ ]  Female

 [ ]  Nonbinary/Nonconforming

 [ ]  Other (please specify): Click or tap here to enter text.

 [ ]  Prefer Not to Say

**Do you identify as disabled under the Americans with Disabilities Act (ADA)?**

 [ ]  Yes

 [ ]  No

Please submit your completed application to volunteer@ccpdt.org.