**A screenshot of a video game

Description automatically generated with low confidence**

**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](mailto:volunteer@ccpdt.org).