



# VOLUNTEER APPLICATION FOR L.E.A.P.®

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_ Evening Phone: (     ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Day(s) Available: M T W Th F    Time(s) Available: A.M.    Mid-Day    P.M.

Dog's Name: \_\_\_\_\_ Dog's Date of Birth: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_

Previous Obedience Training: \_\_\_\_\_

CGC: Yes \_\_\_\_\_ No \_\_\_\_\_    TDI: Yes \_\_\_\_\_ No \_\_\_\_\_

Second Dog's Name: \_\_\_\_\_ Dog's Date of Birth: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_

Previous Obedience Training: \_\_\_\_\_

CGC: Yes \_\_\_\_\_ No \_\_\_\_\_    TDI: Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to share this dog with a handler who does not have his/her own dog for practice and therapy sessions?    Yes \_\_\_\_\_ No \_\_\_\_\_

## Registration Requirements

This completed registration form must be accompanied by the following and submitted to L.E.A.P.® at the first Monday meeting you attend:

1. a copy of your dog's (dogs') vaccination record(s) showing the dates of vaccinations for Rabies, Distemper, Hepatitis, Para-Influenza, and Parvo-Virus,
2. a written statement from your veterinarian attesting that your dog(s) is (are) physically and mentally healthy, including negative fecal and heartworm test results.
3. a check made out to **Bethel United Methodist Church** for \$25 for your first dog and an additional \$5 for each additional dog.

## Waiver

I, \_\_\_\_\_, do hereby release Bethel United Methodist Church and the Literacy Education Assistance Pups (L.E.A.P.®) and/or the training class instructors from any liability, obligation, or responsibility resulting from participation in the classes/practice sessions/therapy sessions and knowingly assume all risk involved to myself, my animal(s), my personal property, or otherwise.

Handler's signature: \_\_\_\_\_    Witness' signature: \_\_\_\_\_

**L.E.A.P.®**

Bethel United Methodist Church  
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