

**APPLICATION
COURTHOUSE THERAPY DOGS
SECOND JUDICIAL CIRCUIT OF FLORIDA**

1. Full/complete legal name: _____
first middle last suffix

2. Maiden/other former name(s): _____
first middle last suffix

first middle last suffix

3. Mailing address: _____

city state zip code

4. Phone number(s): home _____ work: _____ cell: _____

5. E-mail address: _____

6. Social Security Number: _____ 7. Date of Birth: _____

8. Gender: _____ male _____ female 9. Race: _____

10. Dog's name: _____ 11. Dog's Breed: _____

12. Counties where you are willing to volunteer: Franklin Gadsden Jefferson Leon Liberty Wakulla

13. Noteworthy information (bilingual, different summer schedule, etc.): _____

13. Days/hours available to volunteer: Please check all days/times you are generally available to volunteer.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 a.m.					
9:00 a.m.					
10:00 a.m.					
11:00 a.m.					
12:00 p.m.					
1:00 p.m.					
2:00 p.m.					
3:00 p.m.					
4:00 p.m.					
5:00 p.m.					
6:00 p.m.					

I certify that to the best of my knowledge and belief all statements contained herein are true, correct, complete, and made in good faith. I consent to the release of information for the purpose of conducting a background check. I understand that applications are public records except as exempt by Florida Law.

Signature: _____ Date: _____

Submit application to: Susan Wilson; Director, Research and Data; 301 S. Monroe St., Rm. 225; Tallahassee, FL 32301. For additional information call 850-577-4430 or email at susanw@leoncountyfl.gov.