



## INDIANA CANINE ASSISTANT NETWORK FACILITATOR INFORMATION FORM

*This form is to be completed by the potential facilitator (the individual who will assume the responsibility of managing the Facility Dog's work and interactions, as well as managing the Facility Dog's health and well-being at all times).*

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

Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Briefly describe your job at the facility or within the program.**

**Do you reside at the facility?**

**What days and hours do you work at the facility or organization?**

**Please describe your work environment. (Physical layout, activity level, co-workers activities, etc.)**

**How many hours per day do you spend with facility or program clients?**

**Do you work with the facility clients or program participants in areas outside of the facility? (i.e. going on outings, providing transportation or services in the clients' homes) If yes, please describe.**

**What is your average length of association with facility clients or program participants?**

**How long do you expect to continue working at the facility or in this program?**

**Do you have any physically disabling condition or health concerns?**

**How do you envision a Facility Dog being of assistance to you in your job, and of benefit to your clients?**

**What do you envision as your responsibility in utilizing a Facility Dog in your work?**

**How do you think having a Facility Dog working with you may change your work routine?**

**Do you have a place at work to leave the Facility Dog for a short period of time for those times when you are not able to directly supervise its work or interaction? (Such as working with clients when a Facility Dog's presence may not be appropriate) If yes, please describe.**

*As the facilitator in a Facility Team Placement, you will be responsible for the dog at all times, working hours and off work hours (evenings, weekends, holidays, etc.) The Facility Dog will travel to and from work with you, and reside with you when you are not at work. You will be responsible for the dog's work and maintaining its skills, as well as managing its health and well being. The following questions are to gain more information about you, where you live and your lifestyle*

**Please provide a description of your home and neighborhood.**

**Do you have a yard?**

**If yes, is it fenced?**

**If you have no yard, do you have a place nearby to toilet and exercise a dog? Please describe how you will handle these responsibilities.**

**Who else lives in your household? Please list and indicate their relationship to you.**

**Do you, or does anyone in your household, smoke?**

**Are there any pets in your household? Please indicate how many and a description of each.**

**How would you describe the activity level of your household?**

**Are you willing to be matched with a dog regardless of breed, sex, size, or color?**

**If no, please describe your preference and reason for your preference (personal or professional reasons for preference, etc.)**

**Do you have any questions or concerns about assuming the role of the Facilitator in a Facility Team Placement?**

***\*please include a recent picture of yourself with this application form.***

**Return to: Indiana Canine Assistant Network, Inc. (ICAN)  
1801 N. Meridian Street  
Indianapolis, IN 46151**