



Ottawa Therapy Dogs Inc.
99-1568 Merivale Road Suite #369
Ottawa, Ontario K2G 5Y7
(613) 261-6834 (OTDI)
info@ottawatherapydogs.ca
www.ottawatherapydogs.ca

OTD Event Volunteer Application: Event/Date: _____

Name: _____

Address: _____

Phone (res): _____ Mobile: _____

Date: _____

Email: _____

Age Category: under 18 years over 18 years

I hereby give permission to use my images captured during this event (video, photo and digital camera) for OTD promotional material and publications including OTD website. I waive any rights of compensation or ownership thereto.

Signature: _____

Parent/Guardian for volunteers under age 18: Name: _____

Parent Guardian Signature: _____

Brief description of appearance on event day (clothing, hair, etc. to help identify images):

Please return this application to the Event Coordinator or mail to the address above. Should you have any questions, call 613- 261-6834 (OTDI) or email us at info@ottawatherapydogs.ca

Thank you for volunteering to help Ottawa Therapy Dogs. Your contribution of time and talent is very much appreciated!