

Chinook Owners Association

Temperament Group -- Ambassador Title

Participant Documentation Form

This form certifies that _____ and
Owner/Handler

_____ participated
Chinook Dog's Name UKC or COA Registration Number

in the following COA Ambassador Title event/activity on _____ :
Date or Date Range

☐ **Public Service – Search and Rescue Operation**

Name of Search and Rescue Organization

Operation Name or Official Designation

Location of Operation

☐ **Service to Individuals – Service dog activity pursuant to formally recognized programs such as those outlined in the Americans with Disabilities Act (ADA) or equivalent**

Trained Service being Provided by the Chinook Dog

Frequency of the Service (daily, weekly, etc.)

Location Description (in home, at work, assisting with mobility through a community, etc.)

☐ **Service to Specific Groups – Therapy dog visits to schools, hospitals, nursing homes, etc.**

Type of Service Being Performed by the Chinook Dog

Type of Setting (School, Hospital, etc.)

Location (physical address)

Organizer/Official (Print Name)

Signature