



MASONIC ASSOCIATION OF SERVICE AND THERAPY DOGS

VOLUNTEER (Assistant Handler) REGISTRATION FORM

Please provide the information below:

Assistant Handler Name:

Date of Birth:

Phone:

Email:

Address:

City, State, Zip Code:

I _____ (Assistant Handler Name) hereby give M.A.S.T. the permission to run a background check on myself that will be used for our volunteer locations that require this information.

_____ (Printed full name)

_____ (Signature)