



Teaching Helper Application

Send application to Helper Director

Name: _____

Address: _____

Email address: _____

Phone number: _____

Club and Region: _____

GSSCC Membership: _____ # of years _____

Positions held: _____

Other Dog Club Memberships: _____

Training experience (include # of dogs titled) _____

Helper experience _____

of club trials as helper: _____

of regional trials as helper: _____

of national trials as helper: _____

of breed survey's as helper: _____

of helpers trained previously: _____

Other dog training experience: _____

Submitted by: _____ Date _____