



## **Puppy Raising Application Packet: Puppy Club Volunteer**

### **Application Packet Includes:**

- Puppy Raising Volunteer Application
- Participant Consent and Release Form
- Agreement to Terms of Service

# PUPPY RAISING VOLUNTEER APPLICATION

All persons applying to volunteer with Canine Community Programs must complete this application.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI \_\_\_\_\_

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

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

Home phone #: (\_\_\_\_\_) \_\_\_\_\_ Work phone #: (\_\_\_\_\_) \_\_\_\_\_

Emergency phone #: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Leader name: \_\_\_\_\_ Club name: \_\_\_\_\_ 4-H club: Yes  No

Please mark the box(es) that are appropriate to the volunteer position for which you are applying:

**I am applying to raise a Guide Dog puppy.**

Conditions: All applicants who wish to raise a puppy within their home agree to:

- a. complete a separate Puppy Placement Questionnaire
- b. be interviewed at home by their prospective leader

**I am applying to be a Guide Dog leader.**

Conditions: All leader applicants agree to:

- a. complete an Authorization to Release Information Form
- b. GDB checking personal and employment references
- c. be interviewed by GDB staff
- d. undergo training as required by GDB

**I am applying to be a volunteer other than a raiser or leader (e.g. puppy sitter or puppy club volunteer).**

My title will be: \_\_\_\_\_ My primary responsibility will be: \_\_\_\_\_

**I am an adult who will be working with youth (under age 18)**

Conditions: All adult applicants who will work with youth in a teaching, advisory or supervisory capacity agree to:

- a. complete an Authorization to Release Information Form
- b. complete a Disclosure Form
- c. GDB checking personal and employment references
- d. be interviewed by GDB staff
- e. allow GDB or an agent of GDB to perform a criminal background check
- f. undergo training provided by GDB, including training in the prevention, recognition, reporting of child abuse

I certify that my answers are true and complete to the best of my knowledge. I agree to complete all the conditions related to my position as defined above. I hereby release GDB, employers and other persons from all liability in responding to inquiries in connection with my application. If I am retained as a volunteer, I realize that false or misleading information given in my application or interview(s) may result in discharge. I also recognize that my application can be denied without cause, and that if I am retained, I can be released at the will of the organization. I give Guide Dogs for the Blind, Inc. the right and permission to use my, or my child's, photograph for publicity purposes or to otherwise promote Guide Dogs for the Blind, Inc. to the public in any manner that Guide Dogs wishes from the date signed and in perpetuity.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is under 18 years, parent name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Guide Dogs for the Blind seeks to create partnerships with companies and organizations throughout our Puppy Raising communities. The following information may be used to pursue this goal. GDB **will not** contact or solicit your employer without personally consulting you first. Please provide the information requested below for up to two adults in your home:

Employer: \_\_\_\_\_ Volunteer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Volunteer Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Applicant: please do not write in this box**

Leader name \_\_\_\_\_ Signature approving  declining  application \_\_\_\_\_

GDB Field Rep \_\_\_\_\_ Signature approving  declining  application \_\_\_\_\_

# GUIDE DOGS FOR THE BLIND PARTICIPANT CONSENT AND RELEASE FORM

All persons applying to volunteer with the Puppy Raising program of Guide Dogs for the Blind must complete this consent and release.

Parents and siblings who accompany youth volunteers to GDB activities must also complete this consent and release.

Participant name: \_\_\_\_\_  
Last First Middle

Participant name: \_\_\_\_\_  
Last First Middle

Participant name: \_\_\_\_\_  
Last First Middle

Street address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Leader (if applicable): \_\_\_\_\_

Community Field Rep: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health insurance co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

I hereby waive and forever discharge claims for damages suffered in connection with Guide Dogs for the Blind, Inc. sponsored events that the above listed individual, their heirs, executors and administrators may have or accrue against Guide Dogs for the Blind, Inc., its representatives, agents and volunteers.

I also understand that I will be responsible for any costs of any service or treatment provided not covered by insurance of Guide Dogs for the Blind, Inc.

In case of emergency, I understand that every effort will be made to contact the person below. In the event that they cannot be reached, I hereby give permission to a physician selected by a representative of Guide Dogs for the Blind, Inc. to hospitalize and secure proper treatment (including surgery).

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

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(Source: Washington State University, Cooperative Extension)

***Raisers and other club member applicants, please return this form to your leader.***

***Leaders, please make a copy for yourself and then return the original to your Field Representative.***

***Leaders, keep copies for all attendees of a meeting or outing with you in case of an emergency.***

***Leader applicants, please return this form to your Field Rep, keeping a copy for your club files.***

## AGREEMENT TO TERMS OF SERVICE

All persons applying to volunteer with the Puppy Raising program of Guide Dogs for the Blind must complete this agreement.

I fully understand and accept the responsibilities for the following volunteer position(s) with Guide Dogs for the Blind, Inc.:

- Leader
- Puppy raiser
- Club assistant (puppy sitter or puppy club volunteer)
- Adult working with youth

I agree to abide by all instructions, guidelines, policies and procedures presented to me by Guide Dogs staff, supervisory volunteers, written documents and other means.

I acknowledge and agree that I will receive no financial compensation for any services that I may perform for Guide Dogs for the Blind, Inc.

In the course of my assigned Guide Dogs for the Blind duties, as an enrolled volunteer of Guide Dogs for the Blind I am protected against personal liabilities by GDB general liability insurance and by the Volunteer Protection Act of 1997. Only volunteers who are screened and registered as approved GDB volunteer drivers may drive as an approved task as a GDB volunteer. All other volunteers who drive are doing so as a personal responsibility without GDB authorization or liability coverage.

I acknowledge and agree that I may be released from my volunteer duties at any time at the will of Guide Dogs for the Blind.

Volunteer name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If above applicant is a youth, the following must be completed by a parent or guardian who resides in the same household.***

I am a parent/guardian in the same household as the above applicant for a volunteer position with Guide Dogs for the Blind. I fully understand and support my child's responsibilities for the volunteer position as marked above. I also fully understand and accept the responsibilities as a parent of a youth volunteer.

I agree to abide by all instructions, guidelines, policies and procedures as presented to me by Guide Dogs staff or supervisory volunteers.

I acknowledge and agree that my child or I will receive no financial compensation for any services that we may perform for Guide Dogs for the Blind, Inc.

I acknowledge and agree that my child may be released from his or her volunteer duties at any time at the will of Guide Dogs for the Blind.

Parent name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Leaders, please make a copy for yourself and then return the original to your Community Field Representative.  
Leader applicants, please return this form to your Community Field Representative.***