Guide Dogs for the Blind

PUPPY RAISING VOLUNTEER APPLICATION PACKET

All applicants must review the Puppy Raising Volunteer Policies and Procedures Manual prior to completing the Puppy Raising Volunteer Application.

The five applicant types are: Adult, Youth, Adults Working with Youth, Leader and Puppy Club Volunteer/Puppy Sitter. Please complete and return only the pages needed for each type of application.

All volunteer applicants must complete pages 1-4:

- ❑ Puppy Raising Volunteer Application (pgs. 1&2)
- ❑ Participant Consent and Release (pg. 3)
- ❑ Agreement to Terms of Service (pg. 4)

In addition to pages 1-4, Adults Working with Youth and Leader applicants must complete:

- ❑ Authorization to Release Information (pg. 5)
- ❑ Applicant References (pg. 6)
- ❑ Applicant Disclosure Statement (pg. 7)
- ❑ Employment Screening Resources Information (pg. 8)

In addition to pages 1-4, Youth applicants must complete:

- ❑ Parental/Guardian Consent & Release (pg. 9)

Additional Instructions:

- All puppy raising volunteer applicants other than leader applicants should return all forms to their leader.
- Leader applicants should return all forms to their CFR, keeping a copy for your club files
- Leaders should keep a copy of all forms for club files
- Leaders should also keep copies of all attendees of meetings or outings with them in case of emergency

Guide Dogs for the Blind

PUPPY RAISING VOLUNTEER APPLICATION

All persons applying to volunteer with GDB as a puppy raising volunteer must complete the Puppy Raising Volunteer Application.

All fields of this application must be fully completed.

Last name: First name:

Street Address:

City: County: State: Zip:

Home phone: ( ) Work: ( )

Cell: ( ) Other: ( )

Emergency contact person phone #:

E-mail address: @

Leader name: Club name:

Are you a 4H puppy raiser? FFA?

If youth applicant, school attending:

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

❑ I am applying to raise a GDB puppy.

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

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

❑ I am applying to be a GDB leader.

Conditions: All leader applicants agree to:

- complete an Authorization to Release Information
- GDB checking personal and employment references
- be interviewed by GDB staff
- 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)

Title: _____ Primary responsibility: _____

❑ 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:

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

Currently Employed? Yes ❑ No ❑

If yes, name of employer: City/state:

Student? Yes, full time ❑ Yes, part time ❑ No ❑

If yes, name of school: City/state:

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 the right and permission to use my, or my child's, photograph for publicity purposes or to otherwise promote Guide Dogs for the Blind to the public in any manner that GDB wishes from the date signed and in perpetuity.

I have read, understand and agree to abide by the statements in the *Puppy Raising Volunteer Policies & Procedures Manual*.

Signature of applicant: Date:

If applicant is under 18 years, parent name:

Parent Signature: Date:

Leader name: _____ Approve ❑ Decline ❑ _____

CFR name: _____ Approve ❑ Decline ❑ _____

Guide Dogs for the Blind

PARTICIPANT CONSENT & RELEASE

All persons applying to volunteer with GDB as a puppy raising volunteer must complete the Participant Consent & Release. Parents and siblings who accompany youth volunteers to GDB activities must also complete this consent and release.

Participant name: _____
Last First Middle

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's programs and sponsored activities that the above listed individual, their heirs, executors and administrators may have or accrue against Guide Dogs for the Blind, its representatives, agents and volunteers.

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 to hospitalize and secure proper treatment (including surgery).

I understand that my volunteer responsibilities for Guide Dogs for the Blind are not covered by worker's compensation insurance and that I will be responsible for any and all costs of any medical service or treatment provided, including medical costs, insurance costs and co-pays. In the event of an accident or injury, I will seek medical coverage under my own health plan and/or my own expense.

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: _____ Phone: _____

Emergency contact: _____ Phone: _____

Guide Dogs for the Blind

AGREEMENT TO TERMS OF SERVICE

All persons applying to volunteer with GDB as a puppy raising volunteer must complete the Agreement to Terms of Service.

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

- ❑ Leader
- ❑ Puppy raiser
- ❑ Puppy raising club volunteer (puppy sitter, etc)
- ❑ Adult working with youth

Participant name: _____

Last First Middle

I agree to abide by all instructions, guidelines, policies and procedures presented to me by Guide Dogs for the Blind 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.

In the course of my assigned GDB 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. 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 for any reason, which does not need to be disclosed to me, or for no reason.

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 GDB. 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 GDB 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.

Only volunteers who are screened and registered as approved GDB volunteer drivers may drive as an approved task. All other volunteers who drive are doing so as a personal responsibility without GDB authorization or liability coverage.

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 for any reason, which does not need to be disclosed to me, or for no reason.

Parent/guardian name: _____

Signature: _____ Date: _____

Guide Dogs for the Blind

AUTHORIZATION TO RELEASE INFORMATION

All leaders and any adults who directly teach, advise or supervise youth must complete the Authorization to Release Information.

GUIDE DOGS FOR THE BLIND
P.O. BOX 151200
SAN RAFAEL, CA 94915-1200
(415) 499-4000

To:

I have applied for a volunteer position with Guide Dogs for the Blind. I have been requested to provide references for their use in reviewing my background and qualifications.

I authorize the release of information by you regardless of whether the information is or is not on record. I release all persons, agencies or firms from any liability for providing such information.

Please keep this copy of my release for your files. Thank you for your cooperation.

Applicant name: _____

Signature: _____ Date: _____

Guide Dogs for the Blind

APPLICANT REFERENCES

All leaders and any adults who directly teach, advise or supervise youth must complete the Applicant References.

Applicant name: _____
Last First Middle

Any previous name(s): _____

Street Address: _____

City: County: State: Zip: _____

Home phone: ( ) Work: ( ) _____

Cell: ( ) Other: ( ) _____

E-mail address: @ _____

Please attach letters of reference from three people to whom you are not related and by whom you have not been employed and list their contact information below. These references should speak specifically to your abilities for this position.

Reference letter 1: Name: _____ Phone: _____

Address: _____

Reference letter 2: Name: _____ Phone: _____

Address: _____

Reference letter 3: Name: _____ Phone: _____

Address: _____

I certify that my answers are true and complete to the best of my knowledge. 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.

Signature: _____ Date: _____

Guide Dogs for the Blind

APPLICANT DISCLOSURE STATEMENT

All leaders and any adults who directly teach, advise or supervise youth must complete the Applicant Disclosure Statement.

Guide Dogs for the Blind screens prospective employees and volunteers to evaluate whether any applicant poses a risk of harm to the youths who volunteer for our program. Information received does not necessarily preclude employment or volunteer work but is considered in view of all relevant circumstances. This disclosure is **required by applicants for positions** that involve working directly with youth. Any falsification, misrepresentation or incompleteness in this disclosure alone is grounds for disqualification or termination.

Applicant name: _____
Last First Middle

Social Security #: _____ - _____ - _____

Have you at any time (as an adult or juvenile):

- ❑ been convicted of
- ❑ pleaded guilty to (whether or not it resulted in a conviction)
- ❑ pleaded no contest to
- ❑ admitted to
- ❑ had any judgment or order rendered against you (whether by default or otherwise) for
- ❑ entered into any settlement of an action or claim regarding
- ❑ had any license, certificate, volunteerism or employment suspended, revoked, terminated, denied or adversely affected because of
- ❑ been diagnosed as having or been treated for any medical or emotional condition arising from

any allegation, conduct, matter or action (irrespective of the formal name) involving a criminal offense under criminal or civil law? ❑ Yes ❑ No

If you have answered "yes," please explain, providing any relevant dates: _____

_____

_____

To the best of my knowledge, the above statements are true and complete. I understand that omissions of information may lead to my disqualification or dismissal. I authorize Guide Dogs for the Blind or their agent to conduct a criminal, personal and employment background check including contacting any law enforcement agencies, personal references and past and present employers.

Applicant Signature: _____ Date: _____

Guide Dogs for the Blind

EMPLOYMENT SCREENING RESOURCES INFORMATION

All leaders and any adults who directly teach, advise or supervise youth must read the Employment Screening Resources Information and will be required to undergo screening by Employment Screening Resources.

For the protection of all its volunteers, GDB has established screening procedures and guidelines for proper interaction with youth that are based in part on those established by the United States Department of Justice and on similar guidelines by youth development organizations such as 4-H. These guidelines and procedures are intended to assist GDB, leaders, raisers, club assistants, parents and custodians in protecting young people as well as to assist in protecting those who work with youth from unwarranted accusations of inappropriate conduct.

Guide Dogs for the Blind contracts with a nationally recognized company to screen both employee and volunteer applicants. Employment Screening Resources (ESR) conducts a basic background criminal check on all adult volunteers that work one-on-one, or in small groups of youth under the age of 18.

<u>All volunteers in this category will receive an email from ESR with a link to their website and a request to provide the information for the background check.</u>

The Puppy Raising Manager receives the results of the screening within a few days of the information being entered and will notify the Community Field Representative of the results.

At any time, if a volunteer has questions about the screening process or results, they may contact ESR directly for more information.

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PARENTAL/GUARDIAN CONSENT AND RELEASE

All parents/guardians of youth volunteers must sign both a Participant Consent and Release for themselves and a Parental Consent and Release for their volunteer youth, as well as for any other youth family member who will participate in a GDB activity, function or event.

Youth participant name: _____
Last First Middle

Youth participant name: _____
Last First Middle

Youth participant name: _____
Last First Middle

Parent/guardian name: _____
Last First Middle

Family physician: _____ Phone: _____

Health insurance co.: _____ Policy #: _____ Group #: _____

Emergency contact: _____ Phone: _____

As parent/legal guardian of the above individual(s), I hereby give my consent for the above named person(s) to attend Guide Dog for the Blind events. I also hereby waive and forever discharge claims for damages suffered in connection with Guide Dogs for the Blind sponsored events that the above listed individual(s), their heirs, executors and administrators may have or accrue against Guide Dogs for the Blind, its representatives, agents and volunteers.

I understand that volunteer responsibilities for Guide Dogs for the Blind are not covered by worker's compensation insurance and that I will be responsible for any and all costs of any medical service or treatment provided, including medical costs, insurance costs and co-pays. In the event of an accident or injury, medical coverage will be provided under my family's or child's health plan and/or my expense.

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

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

Signature: _____ Date: _____

I have read, understand and agree to abide by the statements in the *Puppy Raising Volunteer Policies & Procedures Manual*.

Signature: _____ Date: _____