

1Boy4Change

145 Myers Hill Road Brunswick, GA 31523

Office (912)279-0440

www.1Boy4Change.org 1Boy4Change@gmail.com

Fed ID#20-3955394

OWNER – TRAINER SERVICE DOG TEAM APPLICATION

1. How did you learn about 1Boy4Change, Inc. and its Service Dog Certification program?

2. Will you agree to use and advertise with our program logo on your dog's clothing?

Yes NO If no, please explain why not:

I will not use anything on my Service animal (initial) _____ Please explain why not:

Print Full Name of Applicant:			
Name you wish to be called:			
Date of Birth:	Weight:	Height:	Sex:
Home Address:			
City:	State:	Zip Code:	
Home Phone:	Cell:	Fax:	
Email address:			
Place of Employment:			
Address:			
City:	State:	Zip Code:	
Work Phone:	Extension:		
Landlord:	Contact phone number:		
Address:			
Emergency contacts:			
Name:	Relationship to you:		
Contact phone number:			
Name:	Relationship to you:		
Contact phone number:			

Please describe the most significant symptoms of the disability/illness and how it affects you:

PLEASE read and initial each statement after you check yes/no:
Do you fully understand that the service dog MUST live inside your house? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you fully understand that the service dog cannot be left outside unattended? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you fully understand that the service dog cannot live outside? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you fully understand that the service dog can NEVER be left in an unattended vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>
I am physically, mentally and financially capable of caring for a service dog? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that you are responsible for all fees and expenses that you incur during the training - including gasoline, lunches, dinners, attendance at the movies and other required events. Do you understand these events are necessary for the service dog to learn the proper behavior and not just for fun? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that there will be paperwork involved with owning a service dog and you will be responsible for submitting it to 1Boy4Change in a timely fashion? (training records, veterinarian records, updated pictures, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you fully understand that 1Boy4Change, Inc. can stop training with you at any time, if the Board of Directors and/or the Service Dog Program Director feel the placement is not working or you become a liability or a public safety concern? Yes <input type="checkbox"/> No <input type="checkbox"/>
We encourage positive training techniques, don't allow our dogs to be hit, threatened or scared as part of the training process. Can you abide by these rules? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is anyone in your home allergic to dogs or pet dander? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you previously owned a service or therapy dog? Yes <input type="checkbox"/> No <input type="checkbox"/> (yes, please explain)

Please indicate any of the following conditions that apply to the applicant. Attach additional pages if necessary to describe any of the behaviors below:

- | | | | | |
|------------------------|----|------|----------|--------|
| • Seizures | NA | Mild | Moderate | Severe |
| • Panic Attacks | NA | Mild | Moderate | Severe |
| • Violence To Self | NA | Mild | Moderate | Severe |
| • Violence To Others | NA | Mild | Moderate | Severe |
| • Violence To Property | NA | Mild | Moderate | Severe |
| • Violence To Animals | NA | Mild | Moderate | Severe |
| • Mood Swings | NA | Mild | Moderate | Severe |
| • Hallucinations | NA | Mild | Moderate | Severe |
| • Nightmares | NA | Mild | Moderate | Severe |
| • Night Terrors | NA | Mild | Moderate | Severe |
| • Night Awakenings | NA | Mild | Moderate | Severe |

Do you use an aid or assistive device or attendant? <i>(circle all that apply)</i>	
Prosthesis (arms/legs)	Wrist Brace (right/left/both)
Leg Brace (right/left/both)	Crutches (right/left/both)
Walker/Cane	Glasses/Contacts
Wheelchair (manual/electric/scooter)	Other devices: _____
Hearing Aids (right/left/both)	
<input type="checkbox"/> Sensoneuro mild/moderate/profound	
<input type="checkbox"/> Conductive mild/moderate/profound	
<input type="checkbox"/> Mixed mild/moderate/profound	

Are you able to: <i>(circle all that apply)</i>		
Fly	Ride Buses	Drive self
Ride with others	Walk distances on foot	Ride on scooter
Ride on trains	Go on Cruise ships/boats	Push self in wheel chair

Can you: *(circle all that apply)*

- | | | | |
|--------------------------------|--------|-----------|-------|
| • Pick up items off the floor? | Always | Sometimes | Never |
| • Push elevator buttons? | Always | Sometimes | Never |
| • Turn lights on and off? | Always | Sometimes | Never |
| • Push a manual wheel chair? | Always | Sometimes | Never |
| • Flex your wrist? | Always | Sometimes | Never |
| • Make a fist? | Always | Sometimes | Never |

Do you? *(Circle all that apply)*

- **Use a:**
Manual chair Electric Chair Scooter Walker/Crutches
- **Transfer by:**
Standing Pivoting Slide board With help Other
- **Is your speech:**
Clear-rapid Clear slow Slurred Difficult to understand Other
- **Communicate best by:**
Voice Letter board Interpreter Other
- **Ability to move legs:**
always some very little none no legs one leg(left/right)
- **Can you walk:**
always some very little none
- **Types of terrain and distances:**
Short distances only only with support level ground only stairs
- **Lift your arms:**
Above your head to your shoulders slightly above waist
none-no movement no arms one arm (left or right)
- **Reaching out with arms:**
straight out (front/side both) bent only arms at side only arms in lap only
none-no movement no arms one arm (left or right)
- **Exercise:**
Regularly Sometimes Seldom Never

Is your:

- Voice: Loud Average Soft None
- Lung capacity: Normal Limited Very limited
- Hearing: Normal Limited Deaf
- Balance: Excellent Good Fair Poor
- Endurance: Excellent Good Fair Poor
- Mobility: Excellent Good Fair Poor
- Physical strength: Excellent Good Fair Poor
- Speed of reaction: Excellent Good Fair Poor
- Vision (with/without correction): Excellent Good Fair Poor

Are you:

- Extra sensitive to heat: Always Sometimes Never
- Extra sensitive to cold: Always Sometimes Never
- Extra sensitive to pain: Always Sometimes Never
- Socially active: Always Sometimes Never

Do you: #hours day/week/month

- Work/volunteer outside the home _____
- Work/volunteer from/at home: _____
- Attend school (college, day/night home/campus): _____
- Shop-groceries, clothes, etc.: _____
- Formally exercise: _____
- Engage in recreation/entertainment outside the home: _____

Are you the kind of person who:

- enjoys people contact Never Rarely Sometimes Often Always
- is a risk taker Never Rarely Sometimes Often Always
- easily expresses emotions Never Rarely Sometimes Often Always
- likes to be in charge Never Rarely Sometimes Often Always
- is easily bored with people Never Rarely Sometimes Often Always
- is determined to accomplish goals Never Rarely Sometimes Often Always

Rate yourself in these areas:

- assertive Never Rarely Sometimes Often Always
- self-confident Never Rarely Sometimes Often Always
- able to respond to a crisis Never Rarely Sometimes Often Always
- able to accept criticism Never Rarely Sometimes Often Always
- willing to learn new concepts Never Rarely Sometimes Often Always
- ability to laugh at self Never Rarely Sometimes Often Always
- personal shyness Never Rarely Sometimes Often Always
- sensitive to other's emotions Never Rarely Sometimes Often Always
- personal exuberance Never Rarely Sometimes Often Always
- ability to be responsible Never Rarely Sometimes Often Always
- desire to please others Never Rarely Sometimes Often Always
- creative Never Rarely Sometimes Often Always

- _____ I understand that this animal will be certified for my medical needs based upon the information that I have submitted to 1Boy4Change, Inc.
- _____ If I have not been honest in my personality assessment or abilities to perform tasks, then I understand that my dog may not respond to my needs.
- _____ I also understand that I am the sole owner of said animal.
- _____ I will be held responsible for the service animal's well-being and maintenance/training.
- _____ I agree to contact 1Boy4Change, Inc. upon any questions, comments or problems with the animal immediately.
- _____ I understand that this animal will be certified for my disabilities and not other family members unless otherwise applied for through 1Boy4Change, Inc.
- _____ I am at least 18 years of age and able to make this request on my own behalf. I am physically, mentally and financially capable of caring for a service animal for my medical needs.
- _____ The overall cost of certifying my Service Dog is \$300.00.
- _____ This program involves many hours of time and effort in training and preparing this dog for its work as my service dog.
- _____ If I decide at any time in the future that I no longer want this Service Dog, I will contact 1Boy4Change, Inc.
- _____ 1Boy4Change, Inc. can stop training with me at any time, if the trainer feels the placement is not working or I become a liability or a public safety concern.
- _____ It is mandatory that I, the client, to annually, renew the Service Dogs Public Access Test and Tasks List, with the help of 1Boy4Change, Inc.
- _____ It is mandatory that I, the client, to quarterly submit training records and current photographs of my service dog.
- _____ I am aware that by filling out and signing this application, I am applying for my service animal of the canine species to be selected and tested by me and team trained and graduated with me for my personal use by 1Boy4Change, Inc. I will be granted all rights and privileges to have and use such animal upon my successful completion of all the required forms, information, tests and classes as required by 1Boy4Change, Inc.
- _____ I understand that completing this form places neither me nor 1Boy4Change, under any obligation, but assists 1Boy4Change in determining my eligibility.
- _____ 1Boy4Change does not discriminate against any applicant for admission to the 1Boy4Change Service Dog Program based upon race, religion, color, national origin, ancestry, age, marital status, gender, or any other factor prohibited under local, state or federal laws.
- _____ Any applicant denied admission may subsequently reapply and be reconsidered without prejudice.

_____ I understand that there is an inherent risk associated in training, testing and generally working around dogs. By participating in 1Boy4Change, Inc. service dog activities, risks include, but are not limited to, bodily injury or death, as a result of being in close proximity to dogs.

_____ I further acknowledge and understand that personal injury, harm or death may occur as a result of certain canine behaviors, including, but not limited to, biting, jumping upon, knocking over, pulling on leashes, stepping on, unpredictable reactions to sounds, sudden movements, unfamiliar objects, persons or other animals, including other dogs.

_____ I hereby waive and release 1Boy4Change, Inc., its officers, employees, owners, members, volunteers, and agents from any injury or damage resulting from the action of the dog, and I expressly assume the risk of any such damage or injury.

_____ I hereby agree to indemnify, hold harmless, and release 1Boy4Change, Inc., its officers, employees, members, volunteers, and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or while on the grounds or the surrounding area there to as.

Photo and Video Release:

I _____ DO
_____ DO NOT

consent to and authorize the use and reproduction by 1Boy4Change, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

Date: _____ Signature: _____

Background Information:

Have you ever been charged or convicted of a crime against a child? Yes No

If, yes, explain:

I, _____, authorize 1Boy4Change, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as a service dog applicant, and that I expressly DO NOT authorize the operating center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Date: _____ Signature: _____

Current Driver's License Number: _____ State: _____

Signature:	Date:
Print Full Name:	
Street Address:	Phone:
City	State/Zip:
Witnessed by (print and sign):	
Date:	

GUARDIAN'S CONSENT

I am the parent or guardian of the above-mentioned person. I hereby give permission to 1Boy4Change, Inc. and staff to the information contained above and consent to the terms mentioned above. I affirm that I have the legal right to issue such information and consent.

Signature:	Date:
Print Full Name:	
Relationship to the applicant:	
Street Address:	Phone:
City	State/Zip:
Witnessed by (print and sign):	
Date:	

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS APPLICATION, WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Please have this form Notarized below: