

# 1Boy4Change

145 Myers Hill Road Brunswick, GA 31523

Office (912)279-0440

[www.1Boy4Change.org](http://www.1Boy4Change.org)    [1Boy4Change@gmail.com](mailto:1Boy4Change@gmail.com)

Fed ID#20-3955394

## Puppy Raiser Application

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

---

---

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

Yes     NO     If no, please explain why not:

---

---

The following application will allow us to better understand your home and life style.  
Please answer all questions thoroughly, and contact us with any questions.

### DEMOGRAPHICS

Name:	
Name you wished to be called:	
Date of Birth:	Age:
Address:	
City:	
State:	
Zip code:	
Home phone:	
Cell phone:	
Email address:	
<b>Emergency contacts:</b>	
Name:	Relationship to you:
Contact phone number:	
Name:	Relationship to you:
Contact phone number:	
Place of employment or school:	
Address:	
City:	
State:	
Zip code:	
Work phone (and extension if applicable):	

# 1Boy4Change

145 Myers Hill Road Brunswick, GA 31523

Office (912)279-0440

[www.1Boy4Change.org](http://www.1Boy4Change.org)    [1Boy4Change@gmail.com](mailto:1Boy4Change@gmail.com)

Fed ID#20-3955394

<b>Do you have reliable transportation that will accommodate the transportation of dogs? Yes <input type="checkbox"/> NO <input type="checkbox"/></b>
<b>(if you answer “no” do not go any further with the application.)</b>
<b>If you answered “yes”, please list make, model and insurance company:</b>
<b>“WHY” do you want to become a service dog trainer/socializer? Explain in detail:</b>

## DESCRIBE YOURSELF

<b>Are you the kind of person who:</b>	Never	Rarely	Sometimes	Often	Always
enjoys people contact					
is a risk taker					
easily expresses emotions					
likes to be in charge					
is easily bored with people					
is determined to accomplish goals					

<b>Rate yourself in these areas:</b>	Never	Rarely	Sometimes	Often	Always
assertive					
self-confident					
able to respond to a crisis					
able to accept criticism					
willing to learn new concepts					
ability to laugh at self					
personal shyness					
sensitive to other’s emotions					
personal exuberance					
ability to be responsible					
desire to please others					
creative					

# 1Boy4Change

145 Myers Hill Road Brunswick, GA 31523

Office (912)279-0440

[www.1Boy4Change.org](http://www.1Boy4Change.org)    [1Boy4Change@gmail.com](mailto:1Boy4Change@gmail.com)

Fed ID#20-3955394

## HOUSEHOLD

Please print the name, relation, and age of members of your household (include spouse/partner/children/roommates – anyone that resides where the puppy will live).

Name	Relation	Age

### Raising a pup is a 6 to 18 month commitment.

Are you able to make this commitment? Yes  No

Do all members of your household want to foster a puppy? Yes  No

Do all members of your household understand that this puppy is being raised and trained for service dog work and that the puppy belongs to 1Boy4Change? Yes  No

### Raising a puppy is a full-time job!

Do you have time to care for and train a puppy? Yes  No

Have you ever raised a puppy before? Yes  No  (Please explain if you answered "yes")

How many hours a day, on average, will the puppy be left alone? (circle answer)

0-2    3-5    6-8    9+

How much exercise can you give the pup each day? (circle answer)

Less than 1 hour    2-3 hours    4-6 hours    More than 6 hours

How will you exercise the dog? (please explain)

# 1Boy4Change

145 Myers Hill Road Brunswick, GA 31523

Office (912)279-0440

[www.1Boy4Change.org](http://www.1Boy4Change.org)    [1Boy4Change@gmail.com](mailto:1Boy4Change@gmail.com)

Fed ID#20-3955394

Do you have a fenced yard or an enclosure for the dog? Yes <input type="checkbox"/> No <input type="checkbox"/>
How close do you live to busy streets or intersections?
Do you have other animals in the house? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered “yes”, please list ALL animals in the household – breed and age.

**Bringing a puppy into the house involves the entire family. The following questions involve the family as a whole.**

Are there any family members not living with you who do not support this project, or who have issues with a puppy? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered “yes”, please explain:
What would you do if the puppy chews something of yours up?
If more than one family member is involved in raising the puppy, will you be able to follow 1Boy4Change Trainer’s Recommendations on how to divide the training and management of the pup? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered “no” – please explain:
Will you be able to take the service dog in-training to the following places:
Target                      Yes <input type="checkbox"/> No <input type="checkbox"/> Church                      Yes <input type="checkbox"/> No <input type="checkbox"/>
Wal-Mart                    Yes <input type="checkbox"/> No <input type="checkbox"/> Schools                    Yes <input type="checkbox"/> No <input type="checkbox"/>
Pet stores                    Yes <input type="checkbox"/> No <input type="checkbox"/> Airports                    Yes <input type="checkbox"/> No <input type="checkbox"/>
Malls                        Yes <input type="checkbox"/> No <input type="checkbox"/> Elevators                    Yes <input type="checkbox"/> No <input type="checkbox"/>
The movies                    Yes <input type="checkbox"/> No <input type="checkbox"/> Stairs                        Yes <input type="checkbox"/> No <input type="checkbox"/>

# 1Boy4Change

145 Myers Hill Road Brunswick, GA 31523

Office (912)279-0440

[www.1Boy4Change.org](http://www.1Boy4Change.org)    [1Boy4Change@gmail.com](mailto:1Boy4Change@gmail.com)

Fed ID#20-3955394

Restaurants	Yes <input type="checkbox"/> No <input type="checkbox"/>	The hospital	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sporting Events	Yes <input type="checkbox"/> No <input type="checkbox"/>	Work environments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Stations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other public areas (please explain below):	
Not all puppies make it through the program, wash-outs. If your puppy failed would you want to keep it or give it to a good home and start with another?			
<b>PLEASE read and initial each statement after you check yes/no:</b>			
Do you fully understand that the service dog <b>MUST</b> 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 <b>NEVER</b> 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 you will be given a tax-receipt at the end of each year for all receipts submitted to 1Boy4Change for your out of pocket expenses during the training of the service dog? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you understand that there will be paperwork involved with training 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"/>			
Do you fully understand that the service dog in-training belongs to 1Boy4Change and you may not rehome, resell, or dispose of it in anyway without written permission from the Board of Directors? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you fully understand that IF the service dog in your care dies from abuse or neglect that you will be held financially responsible for the replacement cost of that service dog – the amount to be decided by the Board of Directors and not to exceed \$10,000.00? 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"/>			

# 1Boy4Change

145 Myers Hill Road Brunswick, GA 31523

Office (912)279-0440

[www.1Boy4Change.org](http://www.1Boy4Change.org)    [1Boy4Change@gmail.com](mailto:1Boy4Change@gmail.com)

Fed ID#20-3955394

## **PLEASE READ THIS SECTION CAREFULLY AND THOROUGHLY!**

I understand that completing this form places neither me nor 1Boy4Change, under any obligation, but assists 1Boy4Change in determining my eligibility for service dog puppy raiser and socializer.

1Boy4Change does not discriminate against any applicant for admission to the 1Boy4Change Service Dog Puppy Raiser and Socializer 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.

The information contained in this form is very private and will be kept confidential and will be used only by 1Boy4Change, Inc. in determining my volunteer/staff qualifications.

### **Medical Release:**

I, the undersigned, as self, parent and/or legal guardian of \_\_\_\_\_ do hereby authorize and consent to any x-ray examination, anesthetic or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Georgia of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care, which the aforementioned physician in exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact parent(s) and/or legal guardians prior to treatment to the patient, but that any of the above treatment will not be withheld if the parent(s) and/or legal guardians cannot be reached.

# 1Boy4Change

145 Myers Hill Road Brunswick, GA 31523

Office (912)279-0440

[www.1Boy4Change.org](http://www.1Boy4Change.org)    [1Boy4Change@gmail.com](mailto:1Boy4Change@gmail.com)

Fed ID#20-3955394

Medical Insurance Company: \_\_\_\_\_

Subscriber's Name and Relationship: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

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

Signature of self, or if a minor, parent or guardian

## 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 Volunteer/Staff: \_\_\_\_\_

## Background Information:

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

If, yes, explain:

---

---

---

I, \_\_\_\_\_, (volunteer/staff), 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 an employee/volunteer, 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 Volunteer/Staff: \_\_\_\_\_

Current Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

# 1Boy4Change

145 Myers Hill Road Brunswick, GA 31523

Office (912)279-0440

[www.1Boy4Change.org](http://www.1Boy4Change.org)    [1Boy4Change@gmail.com](mailto:1Boy4Change@gmail.com)

Fed ID#20-3955394

**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.**

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:	

**Please have this form Notarized below:**