



Main / Administration Office
 8446 South Florida Avenue
 Floral City, FL 34436-3115
 Telephone 352-560-3785
 www.HeroAssistanceDogs.org

For Official use only.
 Date received:

PUPPY RAISER/TRAINER APPLICATION

All information provided is strictly confidential and for Heroes use only.

NAME: _____ EMAIL: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EXTENSION: _____

CAN BE CONTACTED AT WORK - _____ YES _____ NO

DRIVER'S LICENSE #: _____ STATE: _____

LAST FOUR NUMBERS OF YOUR SOCIAL SECURITY#: _____

EMERGENCY CONTACT (friend, or relative NOT living in the household)

NAME _____ RELATIONSHIP _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EXTENSION: _____

NEIGHBOR WE CAN CONTACT IN AN EMERGENCY

NAME: _____

ADDRESS: _____

CITY: _____

HOME PHONE: _____ CELL PHONE: _____

FAMILY INFORMATION

PLEASE LIST THE ADULTS, (18 AND OVER) LIVING IN YOUR HOME AND THEIR RELATIONSHIP TO YOU:

PLEASE LIST THE CHILDREN, (17 & UNDER) LIVING IN YOUR HOME AND THEIR AGES:

DOES THE ENTIRE FAMILY SUPPORT THIS PROJECT? _____ YES _____ NO

DO YOU EXPECT ANY MAJOR CHANGES IN YOUR LIFE WITHIN THE NEXT YEAR?

(i.e. changing jobs, moving, child going off to college, etc.) _____ YES _____ NO

DESCRIBE:

HOW MANY ANIMALS LIVE WITH YOU? _____

WHAT TYPE OF ANIMALS ARE THEY?

DESCRIBE YOUR HOME (size, fenced yard, type of flooring, etc.)

DESCRIBE A TYPICAL DAY FOR YOU AND YOUR FAMILY:

WHERE ARE YOU EMPLOYED? _____

WHAT IS YOUR WORK SCHEDULE? _____

HOW MANY HOURS EACH DAY ARE YOU AWAY FROM YOUR HOME? _____

EXPERIENCE

HAVE YOU EVER RAISED A PUPPY BEFORE? _____ YES _____ NO

IF YES. HOW MANY? _____ FROM WHAT AGE? _____

HAVE YOU OBEDIENCE TRAINED A DOG BEFORE? _____ YES _____ NO

HAVE YOU ATTENDED FORMAL OBEDIENCE CLASSES? _____ YES _____ NO

IF YES, WHAT LEVEL WAS COMPLETED? _____

VETERINARIAN INFORMATION

NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____ BUSINESS HOURS: _____

IF WE FEEL IT NECESSARY, DO WE HAVE YOUR PERMISSION TO CONTACT YOUR VETERINARIAN? _____ YES _____ NO

EXPECTATIONS OF A PUPPY RAISER

1. Care for the needs of an 8-week-old puppy, which will need attention every two hours during the day and possibly during the night for the first month.
2. Crate training/housebreaking
3. Spend at least 30 minutes a day doing obedience training, introducing at least 4-6 or more commands each week.
4. Attend formal obedience classes throughout the time the puppy is in your home.
5. Spend at least 3 hours a week socializing the puppy in public places.
6. Expose the puppy, (after 12 weeks of age), to as many varied types of exposures as possible. Not just the same routine.
7. You must be able to financially provide for the needs of a puppy for about 18 months. Unless the puppy is sponsored, this includes shots and regular veterinary care, neutering, x-rays, quality food and shelter. We hope to get as many sponsored puppies as possible.
8. Puppy belongs to Hero Assistance Dogs, Inc. and is not your personal pet. You will be expected to return the puppy and service dog vest at a designated time for advanced training.
9. The puppy needs to be raised as an indoor dog. Keep in mind how it will live as a future service dog.
10. Attend training meetings when scheduled, approx. every other month.
11. As you are socializing your puppy, help educate the public about Service Dogs.
12. Represent Hero Assistance Dogs, Inc. in a professional & positive light at all times.
13. Released service puppies/career change puppies will not be offered to the puppy trainer/raiser. Our goal is to find a working position for all of our puppies whenever possible.
14. Puppy Trainer/Raisers must be willing to turn in quarterly evaluations on the puppy's progress, and keep a weekly command evaluation updated to be passed in with the quarterly evaluation.
15. At 8 months of age, all puppies will be evaluated and graded. This will let us know how the puppy is progressing and if it is to stay in the program or be career changed.

Are you willing and able to do all of the above? _____ YES _____ NO

Signature _____ Date _____

I will return the puppy I raise to Hero Assistance Dogs, Inc. when requested to do so.

Signature _____ Date _____

Please email this application to: info@HeroAssistanceDogs.org

Or print and mail to:

Hero Assistance Dogs, Inc.

8446 South Florida Avenue

Floral City, FL 34436

Please direct any questions by calling 352-560-3785

Hero Assistance Dogs, Inc.
Consent, Release and Hold Harmless Agreement

In consideration of the services of Hero Assistance Dogs, Inc., its employees, directors, agents, officers, volunteers, participants, and all other persons or entities acting in any capacity on their behalf, and for other good and valuable consideration, I hereby agree to release and discharge them from liability arising from negligence, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that animal operations entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death to myself and other persons, and also property damage. Risks include, among other things: bites, scratches, torn skin, bruises, and damaged clothing or other property. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity or as a result of contact with an animal. My participation is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Hero Assistance Dogs, Inc. from any and all claims, demands, or causes of action which are in any way connected with my participation as a volunteer, my use of their equipment or facilities, my adopting or fostering an animal arising from negligence. This release does not apply to claims arising from gross negligence or intentional conduct. Should Hero Assistance Dogs, Inc. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself.
5. In the event that I file a lawsuit, I agree to do so solely in the state of Florida, and further agree that the substantive law of Florida shall apply in this action.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I agree that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence from which I have released them herein.

I have had sufficient time to read this entire document, understand its contents, and I agree to be bound by its terms.

I certify that the statements made in this volunteer application are true and have been given voluntarily. I understand that this information will be held in the strictest confidence, and I release Hero Assistance Dogs, Inc. from any liability whatsoever for supplying such information. I also understand that I will not be paid for my services as a volunteer.

I give Hero Assistance Dogs, Inc. permission to verify the credentials that I have presented, such as driver's license, DMV records, and/or medical licenses.

I understand that any and all foster animals in my care belong to Hero Assistance Dogs, Inc. and must be returned to their coordinator immediately upon request.

Signature _____ Date _____

Hero Assistance Dogs, Inc.

Release and Waiver of Liability Agreement

I, _____ AM AWARE THAT ANY EVENT INVOLVING DOGS IS A POTENTIALLY HAZARDOUS ACTIVITY, AND I VOLUNTARILY PARTICIPATE WITH HERO ASSISTANCE DOGS, INC. WITH THE FULL KNOWLEDGE OF THE POTENTIAL DANGER INVOLVED. I AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY TO MYSELF, OR MY DOG, OR OF ANY PROPERTY DAMAGE WHILE VOLUNTEERING WITH HERO ASSISTANCE DOGS, INC.

I verify this statement by placing my initials here _____.

As consideration for being permitted by Hero Assistance Dogs, Inc. to volunteer, I hereby agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse, partner and/or legal representatives will not make a claim against, sue, or attach the property of the Hero Assistance Dogs, Inc. for injury or damage resulting from the negligence or other acts, however caused, by any director, employee, agent, or volunteer of the Hero Assistance Dogs, Inc.. Moreover, I forever release the Hero Assistance Dogs, Inc. and its officers, directors, employees, agents, volunteers, and/or representatives from and against any and all claims, demands, causes of action, losses, liabilities, damages and expenses (including reasonable attorneys' fees and costs) that I, my assignees, heirs, distributees, guardians, next of kin, spouse, and legal representatives now have, or may hereafter have, for injury or damage resulting from my participation as a volunteer, or arising out of my use of the premises or property of Hero Assistance Dogs, Inc..

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE HERO ASSISTANCE DOGS, INC. AND MYSELF AND SIGN IT OF MY OWN FREE WILL.

VOLUNTEER INFORMATION (please print):

Signature _____ Date _____

Volunteer (please print) _____

Address _____

PARENT OR GUARDIAN of minors:

I, _____, as parent or guardian of the above named minor, personally assume any and all risks of my child(ren)'s or ward's (wards') participation in volunteering. Furthermore, I give my permission for my child(ren) or ward(s) to volunteer, and further agree, individually and on behalf of my child(ren) or ward(s) to all the terms and conditions stated above. I ALSO AGREE TO DEFEND AND INDEMNIFY **HERO ASSISTANCE DOGS, INC.** AGAINST ANY AND ALL CLAIMS MADE ON BEHALF OF ANY CHILD(REN) OR WARD(S) OF MINE.

HERO ASSISTANCE DOGS, INC.

INDEMNITY WAIVER AND RELEASE OF LIABILITY - ASSUMPTION OF RISK

I, _____ wish to participate as a volunteer with Hero Assistance Dogs, Inc., ("HEROES").

In consideration for being permitted by HEROES to participate as a volunteer, I hereby agree that I will assume full responsibility for the death, personal injury and/or property damage suffered or sustained by or to me as a result of or in connection with my participation as a volunteer.

I agree, therefore, to release and indemnify HEROES (and for purposes of this agreement " HEROES " shall also include its Officers, Employees, Agents and Volunteers collectively) from and against all liability, claims, demands, damages to my person or property suffered or sustained as a direct or indirect result of my participation as a volunteer; even if such death, personal injury or property damage arises out of the negligence of HEROES.

I further agree, that I will not make any claim against, sue, attach the property of, or prosecute HEROES for any death, personal injury or property damage, whatever the cause or place of the event giving rise to the claim, in which I may suffer or sustain as a result of or in connection with my participation as a volunteer.

In addition, I hereby release and discharge HEROES from all actions, claims or demands that I now have or may hereafter have for any death, personal injury and/or property damage arising out of or in connection with my participation as a volunteer.

I further understand that the behavior of domestic animals is unpredictable and that domestic animals are capable of spreading disease and/or inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals; nevertheless, I hereby agree to assume those risks and to release, indemnify and hold harmless HEROES and the persons mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages.

It is understood and agreed that this Indemnity Waiver, Release of Liability and Assumption of Risk is intended to be binding on my heirs, distributees, guardians, legal representatives or assigns. his Indemnity Waiver, Release of Liability and Assumption of Risk is intended to be binding on my heirs, distributees, guardians, legal representatives or assigns.

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY FOR WHICH I HEREBY ACKNOWLEDGE RECEIPT OF, AND FULLY UNDERSTAND THE CONTENTS. I AM AWARE THAT THIS IS AN INDEMNITY, WAIVER AND RELEASE OF LIABILITY AND A BINDING CONTRACT BETWEEN HEROES AND MYSELF, AND I SIGN IT OF MY OWN FREE WILL.

Dated: _____ **Volunteer Name:** _____

Hero Assistance Dogs, Inc.

**INDEMNITY WAIVER AND RELEASE OF LIABILITY - ASSUMPTION OF RISK
JUNIOR VOLUNTEER – (Release by Parent or Guardian of a Minor – under 18)**

I, _____, am the parent or legal guardian of, _____, (the "Minor"), who wishes to participate as a volunteer with **Hero Assistance Dogs, Inc.** ("HEROES").

In consideration for the Minor being permitted by HEROES to participate as a volunteer, I hereby agree that I will assume full responsibility for the death, personal injury and/or property damage suffered or sustained by the Minor as a result of or in connection with the Minor's participation as a volunteer.

I agree, therefore, to release and indemnify HEROES (and for purposes of this agreement "Heroes" shall also include its Officers, Employees, Agents and Volunteers collectively) from and against all liability, claims, demands, damages to the minor's person or property suffered or sustained by the minor as a direct or indirect result of the Minor's participation as a volunteer; even if such death, personal injury or property damage arises out of the negligence of HEROES.

I further agree, for myself and for the Minor, that neither I nor the Minor will make any claim against, sue, attach the property of, or prosecute HEROES for any death, personal injury or property damage, whatever the cause or place of the event giving rise to the claim, in which the Minor may suffer or sustain as a result of or in connection with the Minor's participation as a volunteer.

In addition, for myself and for the Minor, I hereby release and discharge HEROES from all actions, claims or demands that Minor or I now have or may hereafter have for any death, personal injury and/or property damage arising out of or in connection with the Minor's participation as a volunteer.

I further understand that the behavior of domestic animals is unpredictable and that domestic animals are capable of spreading disease and/or inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals; nevertheless, on behalf of the Minor and myself I hereby agree to assume those risks and to release, indemnify and hold harmless HEROES and the persons mentioned above who might otherwise be liable to the Minor or to me (or the Minor's or my heirs or assigns) for damages.

Furthermore, I understand that if my minor child is permitted by HEROES to volunteer without my being present, I have been informed that my child will NOT be provided with any adult supervisor while on the property or walking dogs in public areas, for which I have been hereby informed of the risks and I assume all risks of the Minor working independently.

It is understood and agreed that this Indemnity Waiver, Release of Liability and Assumption of Risk is intended to be binding on the Minor's and my heirs, distributees, guardians, legal representatives or assigns.

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY, AND AGREE TO IMMEDIATELY AND INSURE MY MINOR CHILD UNDERSTANDS. I AM AWARE THAT THIS IS AN INDEMNITY, WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND A BINDING CONTRACT BETWEEN HEROES AND MYSELF AND MY MINOR, AND I SIGN IT OF MY OWN FREE WILL.

Dated: _____

Minor Volunteer Name: _____

Parent/Guardian signature _____