



Puppy Raising Volunteer Application Packet

Instructions:

Print and return only the pages you need for each type of volunteer.

The five applicant types are: Adult, Youth, Adults Working with Youth, Leader and Club Volunteer/Puppy Sitter.

All volunteer applicants must fill out pages 1-3:

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

In addition to pages 1-3, *Adults Working with Youth* and *Leader* applicants must fill out pages 4-9 and sign page 13:

- Authorization to Release Information (pg.4)
- Applicant Reference Form (pg.5)
- Applicant Disclosure Statement (pg.6)
- Employment Screening Resources Fax Cover Sheet (pg.7)
- Employment Screening Resources Disclosure (pg.8)
- Employment Screening Resources Release and Authorization (pg.9)
- Protecting and Interacting Positively with Youth (pgs. 12-13)

In addition to pages 1-3, *Youth* applicants must fill out page 10, receive page 11 and sign page 13:

- Parental Consent and Release Form (pg.10)
- Parental Support and Participation (pg.11)
- Protecting and Interacting Positively with Youth (pgs. 12-13)

PUPPY RAISING VOLUNTEER APPLICATION

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

Last name: _____ First name: _____ MI _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Date of birth: ___/___/___ Home phone #: (_____) _____ Work phone #: (_____) _____

Cell 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.

Guide Dogs for the Blind puppy raisers are important members of their local communities who do more than raise puppies. They provide GDB messages to the public in both formal and informal settings, staff information booths at public events, represent Guide Dogs at youth activities, volunteer time and labor to events that benefit our constituents (alumni, donors, other raisers, etc.), and much more. For GDB to better oversee and record activities other than the actual raising of a puppy, all individuals who become puppy raising volunteers are automatically enrolled as *Puppy Club Community Volunteers (PCCV)* who may represent Guide Dogs and the local puppy club by performing a variety of tasks within the community under the direction of his/her puppy club leader and GDB Community Field Representative staff person.

Optional: 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: _____

Signature of applicant: _____ Date: _____

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

| | |
|---|---|
| Applicant: please do not write below | |
| Leader name _____ | Signature <input type="checkbox"/> approving <input type="checkbox"/> declining application _____ |
| Field rep name _____ | Signature <input type="checkbox"/> approving <input type="checkbox"/> declining application _____ |

AGREEMENT TO TERMS OF SERVICE

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

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

- 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.

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.

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: _____

***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 Community Field Representative.
Leader applicants, please return this form to your Community Field Representative.***

AUTHORIZATION TO RELEASE INFORMATION

All leaders and any adults who directly teach, advise or supervise youth must complete this authorization

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's name: _____ Social Security #: _____

Applicant's signature: _____ Date: _____

The applicant should return this form to their Community Field Representative.

APPLICANT REFERENCE FORM

All leaders and any adults who directly teach, advise or supervise youth must complete this disclosure

Last Name: _____ First name: _____ MI _____

Any previous name(s): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home phone #: (_____) _____ Work phone #: (_____) _____

Emergency Phone #: (_____) _____ 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 of applicant: _____ Date: _____

APPLICANT DISCLOSURE STATEMENT

All leaders and any adults who directly teach, advise or supervise youth must complete this disclosure

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

Guide Dogs 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: _____ 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, Inc. 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: _____

Please return this form to your Community Field Representative.

EMPLOYMENT SCREENING RESOURCES FAX COVER SHEET

All leaders and any adults who directly teach, advise or supervise youth must complete this form
(shaded box below only)

EMPLOYMENT SCREENING RESOURCES (ESR)
7110 Redwood Blvd., Suite #C, Novato, CA 94945-4114
415-898-0044 / 888-999-4474
FAX 800-399-5423/415-723-7779

Guide Dogs for the Blind - Puppy Raising Dept Order Form

Date: _____

CLIENT/EMPLOYER:

Guide Dogs for the Blind - Puppy Raising Dept

Requested by: Emily Brown-Leist

Phone: 415-492-4105

Applicant: _____ Date of Birth: _____

Social Security #: _____ Drivers License # _____ State of Issue: _____

If additional information is necessary to complete order, may ESR contact applicant directly?

Yes___ No___

Applicant Phone # _____

Please provide the following service(s):

Basic SSTRace Package – Social Security Identity Trace, 7 Year Criminal Court Search, Motor Vehicle Report

EMPLOYMENT SCREENING RESOURCES DISCLOSURE

All leaders and any adults who directly teach, advise or supervise youth must complete this disclosure

For everyone's benefit, the **Guide Dogs for the Blind - Puppy Raising Dept (Employer)** has a policy of pre-employment background screening reports on consumer/applicant/employees as a condition of employment. This policy is a business necessity that protects everyone by helping to promote a safe and profitable workplace. All pre-employment inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws including the Fair Credit Reporting Act (FCRA). The screening will be conducted by an outside agency - Employment Screening Resources (ESR). As a result, the employer may obtain a Consumer Report and/or an Investigative Consumer report on you as an applicant or during employment.

1. **A Consumer Report** consists of information deemed to have a bearing on job performance, and may include information from public and private sources, public records, former employers and references. The scope of the report may include information concerning my driving record, civil and criminal court records, credit, education, credentials, identity, past addresses, social security number, previous employment, professional references and personal references.
2. **A Consumer Report** may also include reference checks from former employers, co-workers or references for the purposes of obtaining job related information. These are known as an "investigative consumer report." This type of report is legally defined as a report based upon interviews that may contain information relating to my character, general reputation, personal characteristics or mode of living. You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact the employer or Employment Screening Resources (ESR) at 888.999.4474, or at 7110 Redwood Blvd., Suite C, Novato, CA 94945.
3. **California Provisions:** In California, any report concerning a consumer's character, general reputation, personal characteristics or mode of living is defined as an Investigative Consumer Report. In addition to your rights under federal law, you have the following additional rights: you have the right to inspect ESR's files during normal business hours and on reasonable notice; the inspection may be in person, by certified mail, or by telephone if the individuals shows proper identification and pays for any copying or toll charges; the consumer/applicant/employee may be accompanied by one other person who must show proper identification; and trained ESR personnel will explain any of the information in the report and will provide written explanation for any coded information.
4. **CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS/EMPLOYEES ONLY:**
 - Check box to receive a free copy of any requested Consumer Report, Investigative Consumer Report or Credit report on you.

AUTHORIZATION

I, _____, acknowledge receipt of the above DISCLOSURE and hereby authorize Guide Dogs for the Blind - Puppy Raising Dept and Employment Screening Resources (ESR) a Consumer Reporting Agency, to perform an employment background check (including future screenings for retention, reassignment or promotion if applicable unless revoked in writing). **I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, licensing/credentialing agencies and agencies that provide motor vehicle driving records to provide all information that is requested by Guide Dogs for the Blind - Puppy Raising Dept or ESR.**

Signature _____ Date _____

Print Name _____

EMPLOYMENT SCREENING RESOURCES RELEASE AND AUTHORIZATION

All leaders and any adults who directly teach, advise, or supervise youth must complete this disclosure

I, _____, hereby authorize **Guide Dogs for the Blind - Puppy Raising Dept (Employer)** and **Employment Screening Resources (ESR)**, a Consumer Reporting Agency, to perform an employment background check (including future screenings for retention, reassignment or promotion if applicable unless revoked in writing). I also understand and agree to the following:

1. A background check is not only for the benefit of the company as a sound business practice, but also for the benefit of all employees. It is no reflection on an applicant/employee.
2. I HAVE SIGNED A SEPARATE DISCLOSURE DOCUMENT CONCERNING MY RIGHTS.
3. All reports are **confidential** and provided to the above employer for employment decisions only. In the event that I am employed through a staffing firm or other agency, the report may be released to the place of employment where I am actually working. Reports are done in strict compliance with the Fair Credit Reporting Act (FCRA), the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws. ESR does not make or give any hiring opinions.
4. I may review or obtain a copy of my report as provided by law. ESR may be contacted by writing to: Employment Screening Resources (ESR), 7110 Redwood Blvd., Suite C, Novato, CA 94945 (Phone 888.999.4474).
5. I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, licensing/credentialing agencies and agencies that provide motor vehicle driving records to provide all information that is requested by Employer or ESR.
6. I certify that all statements by me contained herein are true.
7. I agree that a copy or fax of this document shall be as valid as the original; ESR may contact me by phone to clarify information. (Area code) and Phone: (_____) _____

Please indicate the following:

1. Have you ever been convicted of a crime? (Please exclude convictions for minor marijuana related offenses, convictions that have been sealed or legally eradicated and misdemeanor convictions for which probation was completed and the case was dismissed.)
 Yes No
2. Are you currently out on bail, or released on your own recognizance pending trial or have a pending warrant? Yes No
3. If the answer to either one is YES, please explain (an affirmative answer to any of the above will not necessarily disqualify you from employment). _____

Signature _____ Date _____

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY

PLEASE PRINT CLEARLY. ANY INFORMATION THAT IS NOT LEGIBLE WILL CAUSE DELAY.

_____, _____, _____, _____
 Last Name First Name Middle Name Social Security Number

Month _____ Day _____ Year _____
 Date of Birth (Month and Day Mandatory/Year Optional) Former Names/other names used Date of Name Change

_____, _____, _____
 Name as it appears on Driver's License Driver's License or I.D. Number State of Issue

PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST SEVEN YEARS INCLUDING ZIP CODES (USE BACK IF NEEDED)

CURRENT : _____
 FULL STREET ADDRESS APT. # CITY STATE ZIP CODE YEARS

FORMER : _____
 FULL STREET ADDRESS APT. # CITY STATE ZIP CODE YEARS

FORMER : _____
 FULL STREET ADDRESS APT. # CITY STATE ZIP CODE YEARS

FORMER : _____
 FULL STREET ADDRESS APT. # CITY STATE ZIP CODE YEARS

CHECK HERE IF ADDITIONAL ADDRESSES ON BACK

PARENTAL CONSENT AND RELEASE FORM

All parents of youth volunteers must sign both a Participant Consent and Release Form for themselves and a Parental Consent and Release Form 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

Parent name: _____
Last First Middle

Street address: _____

City: _____ County: _____ State: _____ Zip: _____

Leader: _____ Field Rep: _____

Family physician: _____ Phone: _____

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

As parent/legal guardian of the above individual, I hereby give my consent for the above named person 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, their heirs, executors and administrators may have or accrue against Guide Dogs for the Blind, 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.

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.

Parent/guardian signature: _____ Date: _____

Address: _____

Phone #s: _____

Other emergency contact person: _____ Phone: _____

(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 Community 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 Community Field Representative.***

PARENTAL SUPPORT AND PARTICIPATION

Leaders, please provide this document to the parents of all youth accepted as puppy raising volunteers.

Raising any puppy involves a great degree of responsibility, patience and, at times, emotional character. Puppies can often be very challenging by exhibiting dominant behaviors including stubbornness, disobedience, jumping or mouthing. The challenges of teaching an unwilling puppy can often leave any handler, youth or adult, with a sense of frustration or failure. Unfortunately, puppies may also experience illness, injury and even death.

Parents need to realize the responsibility that their child is assuming when agreeing to raise a Guide Dog puppy. While Guide Dog puppies are bred to be more manageable and agreeable to handling and instruction, the level of good behavior that they must achieve surpasses that of most household pets. Traits and behaviors that are tolerable in the family dog may not be acceptable in a Guide Dog candidate and may lead to a dog leaving the program.

We encourage everyone who is willing and capable of providing a safe learning environment to a Guide Dog puppy to help support our mission by doing so. We also ask that parents of young raisers support their child in his or her efforts to successfully raise a Guide Dog candidate.

Parents can best assist their children in a variety of ways. A parent should always participate in helping his or her child teach and socialize the puppy, not just when the child is struggling for success. We ask that parents insist upon effective and consistent techniques and socialization as well as fair and humane treatment of the puppy that their child is raising.

Children, like puppies, develop best in an atmosphere of trust, encouragement and praise. Parents are asked to provide strong emotional support for their children in the raising of their puppies.

Parents also need to encourage their children not to be frustrated when success temporarily eludes them. They should not let their child become impatient or angry with the puppy. The best tool for developing a puppy during trying times is returning to the basics of consistency, practice, calmness and praise.

We also ask for assistance in providing a safe environment in which children can attend Guide Dog functions. Guide Dogs strongly believes in promoting a safe environment for children and in providing carefully screened adults to work with children. To help us ensure success, though, we need parental support of our guidelines, parental involvement in club functions and open conversation between parents and youth about what is and is not appropriate interaction by adults.

We thank our raiser's parents for all their assistance in helping our young raisers to successfully raise Guide Dog puppies, for their emotional support and for providing a positive atmosphere for youth.

PROTECTING AND INTERACTING POSITIVELY WITH YOUTH

Leaders, please review this document to the parents of all youth accepted as puppy raising volunteers and provide signatures on page 13.

Guide Dogs for the Blind partners with many extraordinary volunteers who assist in fulfilling a very important mission--raising Guide Dog puppies to become mobility assistants.

Unfortunately, youth in our society are sometimes vulnerable to abuse and exploitation by adults. Therefore, GDB has established screening procedures and guidelines for the proper interaction of volunteers and staff with youth. The guidelines are based in part on those established by the United States Department of Justice² and in part on similar guidelines by youth development organizations such as 4-H. These guidelines and procedures are intended to assist GDB, leaders, raisers, other volunteers, and parents or custodians in protecting young people and those who work with youth from unwarranted accusations.

GDB's guidelines and screening procedures should work in tandem with common-sense safety precautions and appropriate supervision to minimize or eliminate placing youth in situations where they might be at risk.

As partners in our mission, we appreciate your willingness to adhere to GDB's guidelines and screening procedures.

In the course of employment, volunteerism or other involvement with GDB:

- Any employee, volunteer, parent or other person who has a history of any behavior that would indicate a potential inappropriateness for his or her interaction with youth (below the age of 18) may not interact directly with youth in an instructional, advisory or supervisory capacity.
- Effective October 1, 2000, all new applicants (employees, volunteers, parents and others) who interact directly with youth in an instructional, advisory or a supervisory capacity must undergo a valid application and successful background-screening process.
- Continuation of one's volunteers duties for Guide Dogs for the Blind serves as that person's consent that he/she will support and adhere to GDB guidelines and that he/she does not have any history, legal or otherwise, which may reflect on the appropriateness of direct interaction with youth.
- Youth are not allowed to supervise other youth without a qualified, screened adult present.
- All youth must be supervised at all times by a qualified, screened adult.
- All adults who interact directly with youth must undergo orientation and periodic training in proper interactions with youth including the recognition, prevention and documentation of child abuse.
- In a private setting, a GDB adult volunteer supervising a youth must have an additional adult present.
- At meetings, the number of youths to screened adults should not exceed 12:1.
- On outings, the number of youths to screened adults should not exceed 8:1.
- A fully screened adult must always be present when an unscreened adult is with youth volunteers.
- A youth volunteer may not visit the home of an adult volunteer or staff member except under the guidelines of established in this document.
- An adult may not visit a youth volunteer at the youth's home without the youth's parent or designated adult guardian present.
- Volunteers may not transport staff, members of the public, or other volunteers. GDB bears no responsibility or liability for transportation to and from GDB events, meetings, outings or other functions.
- A staff member, volunteer or parent may not under any circumstances promote or participate in corporal punishment.
- All interactions with youth must be positive and constructive.
- Guide Dogs will not permit:
 - a. Abusive language
 - b. Belittlement
 - c. Harassment
 - d. Intimidation
 - e. Coercion
 - f. Vulgar language

g. Ostracism

The advocacy of any of the above

- No staff member, volunteer or parent may, under any circumstances, promote or participate in any form of harassment.
- No staff member, volunteer or parent shall engage in any type of sexual activity involving a youth volunteer.
- A child must be a minimum of 9 years old to be left unattended with a Guide Dog puppy. Every child differs in levels of ability and responsibility. Adults leaving any youth unattended with a puppy should carefully evaluate the youth's capabilities before doing so and are responsible for their actions.
- No youth may transport a GDB puppy within the cabin of an airplane without an adult GDB-trained handler in attendance.
- All volunteers (youth or adult) must have an emergency medical form on file with their leader and GDB.
- In interactions with youth, all volunteers, staff and parents must advocate all guidelines and procedures provided in this manual, *the Puppy Raising Manual* or through other GDB communications.

For the protection of all involved: GDB staff and volunteers are strongly encouraged to avoid being alone with a young person, who although not in the course of employment or involvement with GDB, may be involved in or may have completed a puppy raising project.

Guide Dogs for the Blind encourages and supports the involvement of youth and families in our puppy raising program. The past and future success of our mission depends on their efforts. To ensure the safe and successful raising of a puppy within a home, Guide Dogs, its staff and its volunteers must be aware of situations that may be unproductive or unsafe. Making families aware of potential difficulties will help safeguard against such situations. When after careful evaluation, a puppy raising environment is found not to be safe or productive for a youth or a puppy, GDB staff and volunteers may find it necessary to deny placement of a puppy in a home or to remove a puppy from a home.

While they may not preclude placing or leaving a puppy in a home, the following considerations are to be carefully reviewed. Such determinations will be made at the discretion of GDB staff.

- Very young children or toddlers in the home
- Incapable youth handlers in the home
- Number of children in a home
- The presence of non-family children in the home, either informally, or formally through child care provided within the home
- Energy and activity level of the home environment
- Accessibility of the puppy to the children's toys, clothing and food
- Accessibility of the children to the puppy's toys and food
- Division of responsibilities for puppy supervision and care between parents and youth
- Amount of parental support for the enrolled youth

In placing or retaining a GDB puppy within a home, GDB requires that:

- GDB puppies may not reside within a home containing a person that GDB staff determines presents a hazard to a puppy's safety or development.
- GDB puppies may not reside within a home containing a person that GDB staff determines may be endangered by the GDB puppy.

I have read, understand and agree to abide by the statements contained in this document, *Protecting and Interacting Positively with Youth*.

Parent/guardian signature: _____ Date: _____

Leader signature: _____ Date: _____