



CANINES FOR SERVICE

A non-profit corporation providing specially trained dogs for people with disabilities

Section D: Information About Your Pets (To be completed by Foster Puppy Parent Applicants)

Does any family member have allergies to dogs? If so describe:

Dogs in Household _____ # Cats in Household _____ # of other pets in Household _____

Please Describe Your Pets (name, breed, health, temperament, personality, spayed/neutered):

Where do your pets sleep? _____

Where do your pets stay when you are away from home? _____

Number of hours your pets are left alone during the day? _____

Who cares for your pets when you are away? _____

What do you feed your pets and how often? _____

Name & Address of your Veterinarian?

Section E: Information About Your Household (To be completed by Foster Puppy Parent Applicants)

Do you rent or own? Own Rent House Condo Apartment

Do you have a fenced yard? Yes No Type of Fencing _____

Describe your neighborhood: _____

Are you financially able to pay for the monthly expenses (Average of \$50 - \$125) of a service dog in training? Yes No

How did you hear about Carolina Canines for Service? _____

Were you referred by a foster family? Yes No If so, who: _____

Briefly describe why you are interested in becoming a foster family?

Foster Puppy Program Location (check one): Wilmington, NC



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Section F: Previous Volunteer Experience

Please describe your previous volunteer experience:

How did you hear about Carolina Canines for Service?

Why are you interested in volunteering with Carolina Canines for Service?

What is your availability (please specify day of week and times)?

How many hours per week can you volunteer?

Please provide one (1) professional and two (2) personal references (include name, address, telephone and relationship):

Name

Address

Telephone

Relationship

Section G: VOLUNTEER CONFIDENTIALITY AGREEMENT

Volunteer agrees that any and all knowledge or information that may be obtained in the course of the volunteering with respect to the conduct and details of the business and with respect secret processes, etc. used by the Canines for Service in producing its products will be forever held inviolate and be concealed from any competitor and all other persons.

Any client/patient/family information obtained as a result of your volunteer work with Canines for Service shall be kept confidential. If there is an inquiry about a client/patient/family, volunteer must politely state that you cannot provide confidential information.

Further, information provided to me in the form of documents, training manuals, board of director manuals will be returned to the corporate offices of Canines for Service within 10 days upon my discontinuation of volunteer service.

By signature and date below, volunteer acknowledges the receipt and understanding of the Canines for Service confidentiality agreement.

Print Name

Signature

Date

Office Use Only

Reviewed: _____

Background queued: _____



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Consent for Criminal Background Check

Full Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YY): _____ Social Security Number: _____

I certify that, to the best of my knowledge and belief, the information provided in this document truly represents me. I understand that failure to give complete information, falsification or misrepresentation of information may prevent me from volunteering with Canines for Service. I authorize investigation of all statements made in this document and further authorize educational institutions, employers, medical professionals, criminal justice agencies, and others to furnish whatever detail is available concerning my application for as a volunteer.

My signature below further authorizes Canines For Service to obtain criminal background information. I understand that any information obtained by Canines For Service is confidential, will not be released to any person or outside agency without my written consent, and will be used for the sole purpose of assessing my qualifications as a volunteer.

I, _____, give my permission to Canines for Service to initiate a Criminal Background Check on my past and present activities.

Signature: _____

Date: _____