



ARIZONA GOLDENS LLC
PUPPY HANDLER VOLUNTEER APPLICATION
"Puppy Handler Volunteer for Meetings & Events Only"
Arizona Goldens LLC (hereinafter referred to as "AZG")



Volunteer: Last name: _____ First name: _____ MI: _____

Street Address: _____

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

Home phone #: (_____) _____ Cell phone #: (_____) _____

Emergency phone #: (_____) _____ E-mail address: _____

Date of Birth: _____ Age: _____ Sex: M__ F__ Marital Status: _____

Volunteer's Employer: _____ Position: _____

Employer's Address: _____ Work phone #: (_____) _____

Emergency Contact Name: _____

Home Phone: _____ Cell Phone: _____

IF applicant is under 18 years, parent name: _____

Parent 's Signature _____ Date: _____

Parent's Email: _____ Cell Phone: _____

What aspects are you interested in volunteering (check all that applies):

<input type="checkbox"/> Puppy Handler @ Training Meeting	<input type="checkbox"/> Member on a Committees
<input type="checkbox"/> Puppy Handler @ Special Events	<input type="checkbox"/> Chairperson of a Committee
<input type="checkbox"/> Puppy Handler @ Informational Booths	<input type="checkbox"/> Other _____
<input type="checkbox"/> Puppy Handler @ Fund Raisers	

Why do you want to be a volunteer for Arizona Goldens LLC?

How did you find out about Arizona Goldens LLC?

Directions To Your House:

Have you owned a dog before? Yes No How many? _____ Breed(s): _____

Number of dogs you currently own? _____ Number living in your house? _____

Sex: M F Breed _____ Altered Intact Age ____ lives in house lives outside

Sex: M F Breed _____ Altered Intact Age ____ lives in house lives outside

Sex: M F Breed _____ Altered Intact Age ____ lives in house lives outside

Sex: M F Breed _____ Altered Intact Age ____ lives in house lives outside

Do you own other animals? Describe: _____

Please describe any obedience class(s) you have attended and some of the things you have learned from the class:

Are you willing to keep the AZG dog on leash when it is not in a secure area? Yes No

Have you, or any person in your household, ever been convicted of a crime, felony, or misdemeanor? Yes No

If so, when and for what?

I understand that all dogs are owned by Arizona Goldens LLC and I am required to release the puppy back to Arizona Goldens LLC . _____ (Initial)

I certify that my answers are true and complete to the best of my knowledge. I hereby release AZG, 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 from Arizona Goldens LLC and the AZG dog in my care will be promptly returned to AZG. 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 Arizona Goldens LLC the right and permission to use my, or my child's, photograph for publicity purposes or to otherwise promote Arizona Goldens LLC to the public in any manner that AZG wishes from the date signed and in perpetuity.

Signature of applicant: _____ Date: _____

Print Name of applicant : _____ Date: _____

If applicant is under 18 years, parent name: _____

Parent Signature _____ Date: _____

Print Name of Parent: _____

All records relating to the volunteer application and interview will be kept confidential and only Arizona Goldens LLC staff will have access.



Responsibilities of Arizona Goldens LLC Puppy Handler



Puppy Handlers are a valuable partner in accomplishing our mission to provide service dogs for people with disabilities. An AZG puppy handler cares for a puppy/dog during a training meeting or special events, but do not take a puppy home.

Puppy handlers participate regularly in training meetings and events so that they know how to handle AZG puppies when they are in their care. Each handler loves the challenge to educate and mold a young puppy into a wonderful working dog but is unable to make the time commitment for taking a puppy into their home for training. When handling a puppy they get to experience the joy of helping and contributing to the training process of shaping a future service dog.

Arizona Goldens LLC (AG) Puppy Handler responsibilities include:

- Attending at least 1 out of 4 training class meetings a month.
- To become familiar with all the commands taught to AZG puppies/dogs.
- To become proficient in basic handling skills of an AZG puppy or dog.
- You understand that as a "puppy handler" you do not take puppies from the meeting/training or event site. Puppy handlers only handle puppies on-site therefore the AZG puppies/dogs do not go home with you or leave a location with you. *If you would like to take a puppy off-site/home than a "Puppy Sitter" or Puppy Raiser" Application must be completed and approved.
- Always conduct oneself in a professional manner at all times as an ambassador for AZG.
- Communications requiring response will need to be made to AZG within one week's time.
- There will be some paperwork such as an evaluation report on an AZG puppy you handled at a meeting or event that AZG will request a handler to complete in a proper, neat, and timely manner and returned to AZG.
- If or when any handler's information contained in their AZG volunteer application changes then AZG must receive in writing the updated information within two weeks of that change.

Please sign saying that y understand, will follow and agree to all guidelines above in addition that you understand that this is a living document and subject to change. Furthermore you understand that violating any of the above terms any rules/guidelines of Arizona Goldens LLC can result in AZG staff member taking back the puppy/dog(s) at any time with little to no warning and all paperwork pertaining to the AZG puppy/dog(s) must be handed over within a week of puppy/dog(s) return to Arizona Goldens LLC. That you understand slander to Arizona Goldens LLC and or any staff member is not tolerated. You understand the puppy/dog(s) put in your care is (are) own by Arizona Goldens LLC.

Volunteer's Signature

Date

Volunteer's Name (Printed)

Date

IF applicant is under 18 years, parent name: _____

Parent 's Signature _____ Date: _____



ARIZONA GOLDENS LLC

PARTICIPANT CONSENT AND RELEASE FORM



All persons applying to volunteer with AZG must complete this consent and release. Parents and siblings who accompany youth volunteers to AZG activities must also complete this consent and release.

Participant Last name: _____ First name: _____ MI: _____ Date of Birth: _____

Street Address: _____

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

Home phone #: (_____) _____ Cell phone #: (_____) _____

Emergency phone #: (_____) _____ E-mail address: _____

Family physician: _____ Phone: _____

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

I hereby waive and forever discharge claims for damages suffered in connection with ARIZONA GOLDENS LLC sponsored events that the above listed individual, their heirs, executors and administrators may have or accrue against ARIZONA GOLDENS LLC, its representatives, agents, and volunteers. _____ (Initial)

I also understand that I will be responsible for any costs of any service or treatment provided not covered by insurance of ARIZONA GOLDENS LLC.

In case of emergency, I understand that every effort will be made to contact the person below. In the event that they cannot be reached, I hereby give permission to a physician selected by a representative of ARIZONA GOLDENS LLC, to hospitalize and secure proper treatment (including surgery). _____ (Initial)

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Participant's Signature: _____ Date: _____

Participant's Name (Printed): _____ Date: _____

IF applicant is under 18 years, parent name: _____

Parent Signature _____ Date: _____

Primary Emergency Contact Person: _____ Phone: (_____) _____

Secondary Emergency Contact Person: _____ Phone: (_____) _____

AGREEMENT TO TERMS OF SERVICE

* All persons applying to volunteer with AZG must complete this agreement.

I fully understand and accept the responsibilities for volunteer position(s) with ARIZONA GOLDENS LLC _____ Initial

<input type="checkbox"/> Puppy Handler @ Training Meeting <input type="checkbox"/> Puppy Handler @ Special Events <input type="checkbox"/> Puppy Handler @ Informational Booths <input type="checkbox"/> Puppy Handler @ Fund Raisers	<input type="checkbox"/> Member on a Committees <input type="checkbox"/> Chairperson of a Committee <input type="checkbox"/> Other _____
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I agree to abide by all instructions, guidelines, policies, and procedures presented to me by AZG staff, supervisory volunteers, written documents, and other means. _____ (Initial)

I acknowledge and agree that I will receive no financial compensation for any services that I may perform for ARIZONA GOLDENS LLC _____ (Initial)

I am a minor but I have the support of my parent(s) to be an active volunteer with Arizona Goldens LLC and at least one parent will accompany me to all AZG functions. _____ (Initial) Parent's Signature: _____ NA

I acknowledge and agree that I may be released from my volunteer duties at any time at the will of AZG. If I am released from volunteer duties, I agree to return any AZG dog that was placed in my care promptly. In addition I will promptly return any other AZG supplies/equipment/documents to an AZG staff member. That you understand slander to Arizona Goldens LLC and or any staff member is not tolerated. I give Arizona Goldens LLC the right and permission to use my, or my child's, photograph for publicity purposes or to otherwise promote Arizona Goldens LLC to the public in any manner that AZG wishes from the date signed and in perpetuity. I understand the puppy/dog(s) put in my care is (are) own by Arizona Goldens LLC.

Volunteer's Name (Signature): _____ Date: _____

Volunteer's Name (Printed): _____

IF applicant is under 18 years, parent name (Printed): _____

Parent Signature _____ Date: _____

Other volunteer/family members who may accompany main volunteer to an event/training meeting must sign below that they agree to abide by all instructions, guidelines, policies, and procedures presented to me by AZG staff, supervisory volunteer, written documents, and other means.

_____ (All parties involved (in contact) with AZG puppy must initial.

Other volunteer/family members who may accompany main volunteer acknowledge and agree that they will receive no financial compensation for any services that they may perform for Arizona Goldens LLC.

_____ (All parties involved (in contact) with AZG puppy must initial.

Other volunteer/family members acknowledge and agree that they may be released from volunteer duties at any time at the will of AZG. If they are released from volunteer duties, they agree to return any AZG dog that was placed in their care promptly. In addition they will promptly return any other AZG supplies/equipment/documents to an AZG staff member. That they understand slander to Arizona Goldens LLC and or any staff member is not tolerated. They give Arizona Goldens LLC the right and permission to use my, or my child's, photograph for publicity purposes or to otherwise promote Arizona Goldens LLC to the public in any manner that AZG wishes from the date signed and in perpetuity. They understand the puppy/dog(s) put in my care is (are) own by Arizona Goldens LLC.

Signatures Other Volunteer/family members involved:

Signatures:

Print:

Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if it is okay to add you to our AZG volunteer contact list: Yes No Please list only: Name Email Phone #

Please Mail or Fax Back Completed Form to:



Arizona Goldens LLC

Phone: (480) 205-6810

Fax: 1(866) 674-3186

P.O. Box 40776

Mesa, Arizona 85274-0776