



I have expressed an interest in learning more about Sweet Charity's Personal Support Service Dog program.

By signing this form, I give permission for my child's support agency or medical team,

_____ (name and title of support/advisor)

to share relevant information about your child with Sweet Charity's program team.

I understand that I will be contacted to discuss the needs of my child and to share information related to Sweet Charity's Personal Support Service Dog application.

Name of child/youth: _____

DOB: _____

Parent Signature: _____

Contact information: email _____

: telephone _____ Do you text? yes ____ no ____

: address _____

Signature (support/advisor) _____

Date _____

Witness _____ Date _____



Application for a Personal Support Service Dog

Sweet Charity Medical Assistance Dogs is a registered charity (# 82238 5035 RR0001) situated in Barrie Ontario. Sweet Charity's mission is to provide health care support services to persons with a medical disability by training assistance dogs and helping individuals manage their disability.

Our **Personal Support Service Dog program** trains dogs to perform specific tasks to mitigate a person's disability in order to provide emotional support for children/youth between the ages of 5 and 18 living with medical health issues such as autism, diabetes, attention deficit disorder, social anxiety, opposition defiance disorder.

The Personal Support Service Dog will accompany their 'friend for life' wherever they go including support for appointments. This dog will help the child/youth self-regulate in order to minimize feelings of anger, frustration, and alienation. A Personal Support Service Dog will provide unconditional love by creating confidence as the child/youth bonds with and has responsibility for their dog.

Having discussed the potential benefits of a Personal Support Service Dog with your support team, the next step is to complete the attached application. Your application will be reviewed, and you will be contacted to discuss the process, the agreement, the training expectations as well as associated fees.

We are pleased that you have chosen Sweet Charity and look forward to working with you and your support team.

Respectfully,

Sweet Charity Application Committee

Please send your completed application to:

Sweet Charity Medical Assistance Dogs
65 Cedar Pointe Drive, Suite 466
Barrie ON L4N 9R3

or

programs@sweetcharity.ca

Name of Applicant: (Please print)

Parent Name/Guardian:

| | | |
|---|-----|----|
| Are you willing to travel to Barrie for the application process and the required training to meet the standards of the Personal Support Service Dog program? | Yes | No |
| Are you prepared to attend all the mandatory training over a two-year period provided by Sweet Charity trainers? | Yes | No |
| Are you prepared to ensure daily practice of the specific dog training methods employed by Sweet Charity, using the training log provided? | Yes | No |
| Do you agree to follow the minimum public access expectations required by International Association of Assistance Dog Partners? http://iaadp.org/iaadp-minimum-training-standards-for-public-access.html | Yes | No |
| Have you spoken to your child about their desire to have a Personal Support Service Dog and the responsibilities a dog entails? | Yes | No |

| | | |
|--|-----|----|
| Do you have other pets in the household? If yes, please give details: _____ _____ _____ | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| Are the pets socialized (friendly to other pets and people)? If yes, please give details: _____ _____ _____ _____ | Yes | No |
|--|-----|----|

| |
|--|
| Veterinarian Clinic: _____ Veterinarian Phone Number; _____ |
|--|

| | | |
|--|-----|----|
| Have you had any experience handling or training dogs? | Yes | No |
| If yes, Where? What type of training? When? | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Household information: Please complete information for all persons living in your household.

| Name | Relationship | Age | Allergies |
|------|--------------|-----|-----------|
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Do you plan to have the Personal Support Service Dog accompany the child/youth to school and or work? (*Explain*)

It is the family's responsibility to gain the permission of the workplace or the school board; the training process can support this goal.

Living with a Personal Support Service Dog:

Living with a support dog brings added responsibility, including a commitment to following the service dog training standards, exercise, and overall care of an animal.

Resources:

<http://www.anythingpawsable.com/before-partnering-with-a-service-dog/>

<http://www.clickincanines.com/General/LivingSD.html>

Home visit:

Members of the Sweet Charity program team will arrange a home visit following a review of the information contained in this application. During the home visit, we will answer any questions, and discuss whether the family and applicant would benefit from owning a Personal Support Service Dog.



DATA PROCESSING AND RELEASE STATEMENT

It is understood and acknowledged that Sweet Charity will assess the appropriateness of the application based on the information provided. We do not rent, sell or trade our mailing lists. We will only use your personal information to evaluate your application and to keep you updated on our services and activities. All information received will be treated with the highest level of confidentiality and respect. The applicant agrees to advise Sweet Charity of any changes in circumstances that occur after submitting the application.

RESPONSIBILITIES AND EXPECTATIONS

Sweet Charity has set a high standard of behaviour expected of our staff, volunteers, clients, and their families. Staff and applicants are expected to sign our charity's code of behaviour. Our goals are to achieve success with all of our dog placements. To achieve success, we expect the client to commit to the program in its entirety. The client agrees to inform Sweet Charity of any challenges or problems as they arise. Failure to do so could result in withdrawal of services. Having a Personal Support Service Dog is a legal, moral, and financial commitment for the life of the dog. Full commitment must be maintained continuously throughout the life of the dog as will be noted in the signing of an agreement with successful applicants.

Consent to the Collection and/or Release of Personal Information

This form authorizes the collection and/or release of personal information for the purposes of promoting the charity's mission. This consent may be cancelled or changed by the authorizer in writing at any time, providing action has not already been taken on the basis of this authorization.

I hereby consent to the collection and/or release of personal information by Sweet Charity Medical Assistance Dogs

Parent/guardian signature:

Date:



Photographs and Recording Consent, Waiver and Release

I hereby grant permission to Sweet Charity Medical Assistance Dogs, its agents and/or representatives to take photographs, videos and/or audio recordings of myself and my child to promote, publicize and explain Sweet Charity, its activities, and functions, for administrative or educational/training purposes as outlined below. This material will be used for the sole purpose of promoting Sweet Charity's work, training/educational usage, in fundraising efforts and in raising general awareness of the work done by Sweet Charity.

I further grant to Sweet Charity and its representatives the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of these images and recordings and name in any media now known or later developed. I acknowledge that Sweet Charity owns all rights to the images and recordings.

Waiver and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials.

I hereby release, and hold harmless Sweet Charity, its officers, employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials.

I have read this document before signing below and I fully understand the contents, meaning and impact of this consent, waiver, and release. This consent, waiver, and release are binding on heirs, my executors, administrators, assigns and me.

Name of applicant (please print):

Signature of parent/guardian:

Date:



Code of Behaviour

Please read the Code of Behaviour and Volunteer Agreement and sign where indicated. Retain one copy for your records and return a signed copy to Sweet Charity.

The mission of Sweet Charity Medical Assistance Dogs is to promote wellness by providing health care support services to persons with a medical disability by training assistance dogs and helping individuals manage their disability. As such, employees, contractors, volunteers, and suppliers are required to behave at all times in a professional, caring, and client centered manner. We are committed to operate with high ethical standards, comply with laws and regulations, and avoid any real or perceived conflicts of interest. Additionally, we will work in a safe manner and follow all safeguards established for staff, volunteers, and dogs.

The following principles will guide staff, volunteers, program participants, suppliers and contractors while working with or representing Sweet Charity:

1. We will not tolerate any form of discrimination due to race, sexual orientation, religion, national or ethnic origin, language, colour, age, mental or physical disability, sex, gender identity, gender expression or any other.
2. We will not tolerate harassment, intimidation, or offensive behaviour; everyone associated with Sweet Charity, including participants, is expected to treat others ethically and with respect, fairness, and dignity.
3. We will not tolerate the use of alcohol and/or drugs while representing the Charity; anyone found under the influence will be terminated.
4. We will work to avoid injury and illness of our staff, volunteers, and program participants due to factors within our control. Everyone must promote health and safety and work to resolve any unsafe or unhealthy situation before it causes harm or illness.
5. We will work to protect and safeguard in prudent fashion, the assets and resources donated for our use.
6. We require all those affiliated with the Charity to avoid a conflict of interest or the appearance of a conflict of interest. Any conflict must be declared to the Executive Director or in the absence of an ED, to the board.
7. We require all those affiliated with the Charity to follow established policies, by-laws, practices, and the organization hierarchy.

8. We require all those affiliated with the Charity to respect the privacy of those served and to hold all information, and other matters of the Charity absolutely, confidential. You will be required to sign a confidentiality agreement which may lead to legal action if breached.

9. We require all youth under age 18 attending any program to have an adult approved by the Charity in attendance. Youth are not to supervise other youth, without an adult present.

10. We require those working with youth under age 18 in the name of the Charity to obtain a Criminal Record Check and Vulnerable Sector Screening through their local police department. No one with a history of inappropriate behaviour will be accepted into the Charity; any failure to declare such a history will result in the immediate removal of the individual from the Charity once learned.

Name of Volunteer/Participant: _____

(Please print)

I certify that I have read and understand the expectations outlined in the Code of Behaviour for Sweet Charity Medical Assistance Dogs and agree to abide by the principles and expectations outlined therein.

Signature: _____ Date: _____

Parental Signature: _____ Date: _____

(Required if participant is under 18 years old)