



The Foundation for Service Dog Support, Inc

Application Cover Letter: Facility Dog Applicants

IMPORTANT: Please read this letter BEFORE beginning the application.

Dear Applicant:

Thank you for your interest in obtaining a facility dog from the Foundation for Service Dog Support, Inc. (FSDS). Enclosed is an application packet, that must be completed in its entirety before we will process your application. ***Incomplete application packets will not be considered.*** Please make a copy of your completed packet for your records PRIOR to mailing it to the address on this letterhead.

Your packet contains all of the following materials:

- Facility Dog Application
- Professional Reference Form
- Personal Reference Form
- Facility Director Statement of Need
- Medical History Form
- Emergency Contact Information Form
- Consent / Non-consent for Medical Treatment Form
- Photo Release Form
- General Release of Liability Form
- Notice of Privacy Practices
- Notice of Costs and Financial Resources
- FSDS Code of Conduct / Acknowledgement Form

Once your completed application is accepted, the information will be sent to our Selection Committee for pre-screening. Only those applicants who receive approval from the Committee will be asked to complete the application process. You will receive a call from a staff member informing you of the status of your application after the Committee has reviewed your request. If your request is approved by the Committee, we will schedule a phone interview for you with a program counselor. After the interview, you will be asked to attend three (3) classes so that our staff can observe you working with our students and dogs. The next step in the process will be a facility study evaluation. Before completing all of the steps above, the staff will meet to determine your eligibility to receive a dog from our program. ***Please do not attempt to contact us to inquire about the status of your application once submitted.*** You will be contacted immediately once a decision has been reached.

If you have any questions regarding *completing* this application, please do not hesitate to contact us along the way by phone or email. All applications should be scanned and sent as a single file attachment to: cjb@servicedogsupport.org

Best wishes,
CJ Betancourt, MD
Executive Director, FSDS



Application for Facility Dog

Date of application ____/____/____

PART I: Demographic information

Name of facility _____

Type of facility: Law Enforcement Fire Department Advocacy center
 Court Other _____

Type of facility dog requested (please check only one):

- Level I – certified to work within a facility, such as an advocacy center
- Level II – certified to respond to call-outs, such as a crisis response dog
- Level III – certified to accompany a crime victim into the courtroom

Name of Executive/Facility Director _____

Name of Contact Person _____

Title of Contact Person _____

Street address _____

Mailing address (if different than above) _____

City _____ State _____ ZIP code _____

Email address _____

Office phone for Executive / Facility Director (_____) _____ - _____

Office phone for contact person (_____) _____ - _____

Alternate contact phone for contact person (_____) _____ - _____

Part II: Designated handler information (this is the person who will be actively working with and providing a home for the dog)

Name of designated handler for facility dog _____

Title of designated handler _____

Length of employment with your agency _____ Years / Months

Employment status: Full time Part time Per Diem Contractor

Name of alternate handler _____

Title of alternate handler _____

Length of employment with your agency _____ Years / Months

Employment status: Full time Part time Per Diem Contractor

In what type of residence does the designated handler reside?

Private home Apartment Mobile Home

Other _____

Is the residence a single story home? Yes No

If no, is there an elevator available for use? Yes No

Are there any stairs that lead up to the residence? Yes No

If yes, is there a ramp available for use? Yes No

Does the designated handler have any children? Yes No

If yes, please specify gender and ages _____

Does the designated handler have any physical disabilities? Yes No

If yes, please specify _____

Are there any family members in the home with disabilities?

Yes No Not applicable

If yes, please specify _____

Does the designated handler have a fenced yard ? Yes No

Is there an in-ground pool in their yard? Yes No

If yes, is the pool area fenced? Yes No

Does the designated handler have any other pets at home? Yes No

If yes, please describe the number, type, gender, breed and ages of all pets _____

Part III: Work Environment

Would the facility dog be exposed to paints, fumes or chemicals or other potential toxins in the workplace?

- Yes No

If yes, please explain _____

Are you able to provide a dedicated space for your facility dog to rest during the work day?

- Yes No

Please explain _____

Would the facility dog be exposed to any loud noises on a regular basis on the job?

- Yes No

If yes, please explain _____

Do you currently have any other facility dogs or animals in the workplace?

- Yes No

If yes, please describe the number, type, gender, breed and ages of all pets _____

Have you ever had a facility dog before? Yes No

If yes, please tell us how you were able to care for the dog. _____

Is anyone in the immediate workplace allergic to animals? Yes No

If yes, please explain _____

Does anyone in the workplace have a fear of dogs? Yes No

If yes, please explain _____

Part V: Services to Community

Which of the following populations does your facility serve? (Please check all the apply)

- Individuals with disabilities
- Elderly
- Abused children
- Battered women
- Crime victims
- Victims of disasters
- Other _____

Please provide specifics regarding the services that your facility provides to the community, including how you will feel that a facility dog will enhance your ability to meet the needs of your population. Describe the specific services that you will need the dog to perform.

If you are a private individual seeking a facility dog for your business, do you wish to apply for full funding through our *Pawsitive Community Program*? (Note that you will be required to document 250 hours of volunteer services to the community prior to receiving a facility dog to qualify). Yes No

Part VI: Acknowledgement and Signature

We certify that all of the answers provided on this application are up to date, accurate and true to the best of our knowledge.

Signature of Executive / Facility Director

Date

Printed name of above

Signature of Contact Person

Date

Printed name of above



Medical History Form

This form **must** be completed by each designated handler who has been selected for participation in the training program. This form may be mailed separately to the FSDS by each designated handler in order to ensure privacy of protected health information. The purpose of this form is to help us identify any overriding medical issues and help us put in place a plan to accommodate your needs.

Part I: Personal Information

Name _____

Date of Birth _____ Gender: Male Female

Type of program involvement (please check only one box)

Student trainer Service dog applicant Volunteer

Street Address _____

City _____ State _____ ZIP Code _____

Email address _____

Home Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Other Phone (_____) _____ - _____

Part II: Past Medical History

This information is requested in order to allow the FSDS to provide accurate information to emergency health personnel in the event of sudden illness or injury during an FSDS sponsored event.

Do you have a history of any of the following problems?

- Heart Problems Asthma Diabetes
 Seizures Other chronic problems

If yes, please specify _____

_____ Are you currently

on any prescription medications? Yes No

If yes, please explain _____

Are you allergic to any medications? Yes No

If yes, please list and describe your reaction to the medication(s) _____

Are you allergic to any foods? Yes No

If yes, please list and describe your reaction to the food(s) _____

Are you allergic to any bites or stings? Yes No

If yes, please list and describe your reaction to the bites or stings _____

Do you carry an Epi-pen or similar medication in the event of a bite or sting?

Yes No

Part III: Disability Information

Do you have any physical disabilities? Yes No

If no, please skip this section

This section must be completed by any program participant who will require an accommodation for their disability. Please note that the FSDS does NOT require you to disclose your diagnosis. We do, however, require information on the effects that your disability has on your ability to perform activities of daily living.

Please describe the nature of your primary disability _____

Is your disability: Congenital Acquired

If acquired, at what age did this occur? _____ years old

If acquired, how did this occur:

Accident / Trauma Environmental exposure Other

Please explain _____

Is your disability considered to be progressive? Yes No

What is the prognosis for your disability? _____

Do you have any secondary disabilities? Yes No

If yes, please explain _____

Do you currently use any of the following assistive/ adaptive devices?

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Crutch/Cane | <input type="checkbox"/> Leg brace | <input type="checkbox"/> Arm brace |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Other |

If other, please specify _____

Please indicate which of the following activities are limited by your disability:

- | | | | |
|---|--|---|---------------------------------|
| <input type="checkbox"/> Balance | <input type="checkbox"/> Coordination | <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Memory loss | <input type="checkbox"/> Physical stamina | |
| <input type="checkbox"/> Ability to navigate curbs and steps | <input type="checkbox"/> Ability to bend or retrieve dropped objects | | |
| <input type="checkbox"/> Ability to go out in public or socialize | <input type="checkbox"/> Ability to live independently | | |

Part IV: Classroom Participation

If accepted into the program, are you able to attend scheduled classes as a requirement of this program?

- Yes No

If your answer to either of the above is no, please explain _____

I certify that the answers that I have provided on this form are up to date, accurate and true, to the best of my knowledge. **I understand and agree** that in the event that any information changes during the time that I am actively involved with the FSDS I must provide updated information within 10 business days of such changes. **I understand and agree** that the FSDS has permission to share this information with emergency care providers in the event that emergency illness or injury should occur during an FSDS sponsored activity.

Signature of designated handler

Today's date

Printed name of designated handler



Statement of Need *(to be completed by Facility Director or program supervisor)*

This is to certify that _____ (name of facility) is seeking a facility dog to provide services to our clients. We have filed any paperwork that is necessary to receive approval for this project from the County Board of Directors or any other governing bodies to which we are accountable.

Please specify which governing body(ies) have given approval for the project:

- Board of Directors
- County Board of Directors
- County Supervisor
- Other (please specify) _____

Please indicate the date that approval was granted _____

- We certify that the information provided above is accurate, true and up to date to the best of knowledge.

Signature of Facility Director

Date

Printed name of above

Signature of Representative of Governing Board

Date

Printed name of above



Emergency Contact Form *(to be completed by designated handler)*

This form **MUST** be completed by all staff, students, volunteers and graduates. In the event of emergency, the FSDS will make a good faith effort to contact the primary contact person you have listed below. If the FSDS is unable to reach your primary contact, an attempt will be made to reach your secondary contact. It is recommended that the primary contact person you have listed also has power of attorney over medical decisions for you. In the case of a minor who is connected with any FSDS program, the primary contact person listed **MUST** be a parent or legal guardian.

Emergency contact information

Primary contact _____

Relationship to applicant _____

Street address _____

Mailing address (if different than above) _____

City _____ State _____ ZIP Code _____

Email address _____

Home phone (_____) _____ - _____

Cell phone (_____) _____ - _____

Other phone (_____) _____ - _____

Secondary contact _____

Relationship to applicant _____

Street address _____

Mailing address (if different than above) _____

City _____ State _____ ZIP Code _____

Email address _____

Home phone (_____) _____ - _____

Cell phone (_____) _____ - _____

Other phone (_____) _____ - _____



Consent for Medical and/or Emergency Treatment (to be completed by designated handler)

I, _____, hereby voluntarily

- give consent
- give limited consent as follows _____
- DO NOT give consent

to the Foundation for Service Dog Support, Inc. (FSDS) to seek medical care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgment be necessary to provide for the medical, surgical or emergency care of:

Name

Relationship to patient

In the event that I am (or my dependent is) injured or ill while participating in organized events with the FSDS, I hereby give permission to the FSDS to provide first aid for myself or my dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of myself or my dependent, I direct that the FSDS attempt to notify my next of kin or designated contact person(s). If the FSDS cannot reach my primary contact, then I understand that the FSDS will attempt to notify my secondary contact. However, if medical care becomes essential, I give permission to the FSDS to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the FSDS on my behalf for the benefit of myself or my dependent, I authorize the FSDS to request, obtain, review and inspect any and all information bearing upon myself or my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment for the condition of myself or my dependent and that I am solely responsible for all costs associated with the care and treatment rendered to myself or my dependent.

Health insurance information

Primary insurance carrier

Health insurance policy# and group #

Name of insured

Relationship to patient

Secondary insurance carrier

Health insurance policy# and group #

Name of insured

Relationship to patient

Physician contact information

Name of primary care physician

Office phone (_____) _____ - _____

By signing this consent/non-consent document I acknowledge that I have carefully reviewed this information and fully understand the implication of this consent/non-consent form. I acknowledge that the information presented is up to date, accurate and true to the best of my ability. I understand and agree that in the event that any of the information changes I will submit a notarized statement to that effect to the FSDS within 10 business days of such changes.

Signature and relationship to patient

Printed name of above

Date

Signature of notary public

Printed name of notary public

Date





Endorsement Form For Facility Dog Designated Handler

Applicants: This form must be completed by the program supervisor. .

Name of Applicant _____

Instructions to the person completing the form: The above named individual has been applied to become a designated handler for a facility dog from the Foundation for Service Dog Support (FSDS). Please answer all questions to the best of your ability and return the form to the FSDS in the enclosed envelope.

1. How many years has this applicant worked for your agency?

2. Why has this person been selected as facility dog handler?

3. Does this person demonstrate an ability to maintain composure during times of crisis?

5. Do you believe that this applicant has the ability to provide essential care for a facility dog?

Yes No

6. Please comment on the character and integrity of this person. _____

Printed Name/Title

Date

Signature



Personal Reference Form For Facility Dog Designated Handler

Applicants: Please provide your name, then send the form AND a stamped, pre-addressed envelope (made out to the FSDS at the address below) to the person who will be completing the form. It must be filled out by an individual who is familiar with you but who is NOT related to you.

Name of Applicant _____

Instructions to the person completing the form: Instructions to the person completing the form: The above named individual has applied to become a designated handler for a facility dog from the Foundation for Service Dog Support (FSDS). Please answer all questions to the best of your ability and return the form to the FSDS in the enclosed envelope.

1. How did you become acquainted with this applicant?

2. Would you describe this applicant as a "team player"? Yes No

3. What do you believe to be this applicants greatest strength?

4. What do you believe to be this applicants greatest weakness?

5. Do you believe that this applicant has the ability to care for a facility dog?
 Yes No

6. Please comment on the character and integrity of this person. _____

Printed Name/Title

Date

Signature



The Foundation for
Service Dog Support, Inc

Photo Release

We understand and agree that the FSDS will be photographing applicants, students and dogs, graduates and volunteers during training and events for the purposes of providing community education and/ or promoting the program. This may include still photos and/or videography. **We understand** that there may occasionally be TV stations and/or news reporters who may be present at classes and events to take footage and/ or photos of students and dogs for training and/ or publicity purposes. We hereby grant the FSDS permission to use these photos or footage, and grant permission to newspapers or TV stations to use these photos or footage for training and/ or publicity purposes. **We understand and agree** that all photos taken by the FSDS during the training are the exclusive property of the FSDS, and the FSDS reserves the rights to all such photos or videography.

Signature of designated handler

Date

Printed name of above

Signature of Facility Director

Date

Printed name of above



Notice of Privacy Practices for Designated Handler

FSDS program participants and volunteer staff are entitled to privacy of their personal files. The only exceptions to this policy are cases where the participant is a minor, where prior express consent has been granted in writing, for the sharing of protected information or in cases where the FSDS may be required to share protected information as part of ongoing legal proceedings or investigations. The terms and conditions of our privacy policy are presented here for your information. Protected information includes but is not limited to any information in your personnel file including health information as well as attendance records, demographic data and all progress notes. Please note that in the case of a facility dog handler, any information that relates to your ability to safely handle the dog must be shared with the supervisor of record at your agency.

Please retain a copy of this document for your files.

Privacy of Health Information

The FSDS is required to maintain medical history forms as well as signed consent / non-consent forms for medical treatment for each program participant. In those cases where consent has been granted for medical treatment, the FSDS is authorized to share medical information about you with emergency health care providers, on a need to know basis. For the purposes of this discussion, the following terms are defined as:

Treatment: this means the provision, coordination and/or management of health care and related services by one or more health care providers. An example of this would be the disclosure of your Protected Health Information (PHI) to providers outside of the FSDS who are connected to your health care treatment.

Payment: this refers to reimbursement for any services that are related to your treatment, and also including but not limited to confirmation of coverage, billing services or collection services and utilization review.

Health Care Operations: this includes the business aspects of a medical practice, such as quality assessment/control, auditing functions, cost-management analysis and customer services. It is also understood that the FSDS may be required to disclose protected health information about you to nurses, therapists, students and other health care personnel who are involved in your care and treatment.

The FSDS will, from time to time, be requested to participate in ongoing research studies in the service dog industry. For the purposes of this research, the FSDS may release de-identified, aggregate data regarding our program participants.

Legal authority to make health care decisions for minors or others

Usually, the health information rights for a minor are extended to the minor's parents or legal guardians. There are, however, exceptions to this rule. For example, some health care decisions may be provided for a minor without the consent of a parent or guardian under implied consent, in cases where a delay in treatment could have devastating consequences.

The FSDS may, without prior consent, disclose protected health information to carry out treatment, payment or health care options to a minor under the following circumstances:

- In an emergency treatment situation, if we attempt to obtain such consent as soon as is reasonably possible after delivery of such treatment;
- If we are unsuccessful in reaching the parent/guardian to obtain consent, or in cases where we are presented with a significant communication barrier and determine, in our professional judgment, that your consent to treatment is clearly implied by circumstances.

Permitted use or disclosure of any information

- *To avert a serious threat to the health or safety of yourself or others-* in the event that any FSDS staff becomes aware of a credible threat that you (or your dependent) intend to cause harm to self or others, we will take the necessary steps to notify the authorities to prevent such threat from becoming a reality.
- *Student interns-* the FSDS reserves the right to share information, as needed, with students who are interning with the FSDS and may be required to supervise any activities in which you may participate. In the event that you object to information sharing with an FSDS intern, you have the right to object in writing to prevent the sharing of such information.
- *Photo releases* are obtained for all students, and all photos and/or videography that are obtained during your participation in any of our programs are the exclusive property of the FSDS. The FSDS reserves all rights to these photos/videography. In the case of students who change their mind and no longer wish to be photographed, you may submit written notice of such decision and no further images will be obtained. All images taken prior to the date of this notice, however, continue to be the property of the FSDS and may be used for publicity or training purposes in accordance with prior written permission (per the terms of Photo Release form).
- *Military-* the FSDS may disclose your protected health information as required by military command authorities if you are in the armed services.
- *Workers Compensation-* the FSDS may disclose your protected health information if required by workers compensation or similar programs to the extent necessary in order to comply with laws relating to workers compensation or other similar programs that provide benefits for work-related injuries or illness, as established by law.
- *Public health entities-* as required by law, the FSDS may disclose protected information about you to the Arizona Department of Public Health in order to:
 - Prevent or control disease, injury or disability;
 - Report suspected child abuse or neglect;
 - Notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
 - Notify the appropriate government authority if we believe that a client may have been the victim of abuse, neglect or domestic violence. We will only make this disclosure subject to certain requirements when mandated and authorized by law;
 - Notify the appropriate authorities in cases where a program participant informs the FSDS that they are intending to harm, neglect or abuse self or others, In order to protect the other person and our client.
- *Lawsuits and legal disputes-* the FSDS may disclose protected information about you in cases of legal disputes to the extent that we are required to cooperate in any ongoing investigations.

The FSDS is required to inform you of our privacy policies as well as our legal duties as they pertain to your protected information. This notice is prepared and effective as of January. 1st, 2011 and we are required to abide by the terms and conditions of this notice. We are also required to provide you with written notice of any revisions that may occur during the time that you are involved as a program participant with the FSDS. If you believe that your privacy has been violated, you may contact one or both of the following departments:

The Foundation for Service Dog Support, Inc. (FSDS)
5350 W. Bell Rd., Suite C122, #605
Glendale, AZ 85308
928-427-0375

OR

Office of Civil Rights; U.S. Department of Health and Human Services
1301 Young Street, Suite 1169 200 Independence Ave SW
Dallas, TX 75202 Washington, DC 20201
Phone (214)767-4056 FAX (214)767-0432 TDD (214)767-8940
Toll free 1-877-696-6775

When contacting us, please provide us with as much detail as possible so that your complaint may be fully investigated without delay. You will not be penalized for the filing of any complaint.

A signed copy of this page MUST be returned to the FSDS within seven (7) business days of receipt.

RECEIPT OF PRIVACY PRACTICE NOTICE

I, _____, acknowledge that the FSDS has provided me with a written copy of their privacy practices on this date of _____. I understand that information regarding program participants is privileged and will not be shared with anyone outside of the FSDS without my written expressed permission with the exceptions that have been noted in this document. I acknowledge and fully understand the information that has been presented to me in this document.

Signature of designated handler

Date

Printed name of above

Signature of Facility Director

Date

Printed name of above



Notice of Costs and Financial Resources

The FSDS provides facility dogs at no cost to those agencies that perform vital services in our community. Benefits of this service include applicant screening process, provision of medical treatment and training for the dog and recipient education and follow-up services. The actual cost for the FSDS to train an assistance dog is just over \$20,000. Individuals who seek the services of a facility dog for their private practice may apply for consideration of partial funding through our Pawsitive Community Program, or may elect to pay the full cost for their facility dog. The FSDS actively seeks monetary donations as well as donations of goods and services to defray the cost of providing an assistance dog to a client. Clients are invited to participate in fundraising activities if they are interested and able to, though this is not a requirement. We believe that active participation in all aspects of the process results in a more successful experience for our clients.

It is the responsibility of the client to seek financial assistance from the community if unable to afford the fee as an out-of-pocket expense. Examples of some community organizations that may be able to provide financial assistance include:

- Kiwanis Club
- Rotary Club
- Lion's Club
- Knights of Columbus
- Other religious organizations
- Other community service organizations

Other sources of funding may include:

- Corporate matching funds
- Corporate foundations
- Local businesses
- Vocational Rehabilitation Services
- Victim Services (for crime victims)
- Worker's Compensation
- Veterans Administration – Local veterans may initiate the process of requesting reimbursement for the cost of obtaining an assistance dog with the Prosthetics Department of the local Veterans Administration Hospital

The FSDS will, upon request, supply you with a letter that you may use for the purposes of seeking funds to cover the cost of obtaining an assistance dog.



General Release of Liability Statement

We, the undersigned, hereby release any liabilities or claims in participating in any activities or services sponsored by the FSDS organization. We acknowledge that we assume the risks and responsibilities in such participation and hold the FSDS harmless for any injuries or liabilities incurred or sustained in my participation. It is understood and agreed that, by acknowledging and signing this release, we irrevocably, unconditionally and completely releases and forever discharges the FSDS, and all of its principals, officers, heirs, representatives, successors, subsidiaries, assigns, affiliates, shareholders, partners, employees, former employees, attorneys, insurers, and/or agents from any and all losses, demands, damages, obligations, liabilities, actions, causes of action, debts, suits, judgments and all claims of any kind or nature whether known or unknown, fixed or contingent, arising directly or indirectly from, as a result of or in connection with, or otherwise relating in any manner to any claims of liability, that were alleged, or could have been alleged, against the FSDS, and all of its principals, officers, heirs, representatives, successors, subsidiaries, assigns, affiliates, shareholders, partners, employees, former employees, attorneys, insurers, and/or agents, that may in the future develop from or be caused directly or indirectly from any actions causing such liabilities. We acknowledge that we provide this release voluntarily and knowingly.

Signature of designated handler

Date

Printed Name of above

Signature of Facility Director

Date

Printed name of above

**Education and Training
Code of Conduct**



The FSDS Code of Conduct

The FSDS has established minimum standards for all individuals who elect to participate in any phase of FSDS programming. Individuals are expected to abide by FSDS standards at all times, for the duration of the time that they are affiliated in any way with the FSDS. These standards and rules are intended to provide a framework for individuals in order to ensure order, and maintain the integrity of all of our programs and services. This includes but is not limited to students, volunteers, staff and Board members. The standards are not intended to be a substitute for common sense and adherence to expected societal norms for morals and ethics. They represent a framework for rules and regulations. We remind everyone that rules and regulations we can teach, moral values are something that every individual needs to bring to the table. These standards are listed below.

GENERAL ORGANIZATIONAL STANDARDS

Honesty, Integrity And Public Presentation

Individuals affiliated with the FSDS shall at all times:

1. Be courteous and respectful of the feelings and needs of those around them
2. Be supportive of those with special needs and offer assistance as needed
3. Be honest
4. Treat others as they would wish to be treated
5. Use appropriate language
6. Report any observed or suspected violations of the Code of Conduct to a supervisor immediately

Dress Code

Individuals who participate in FSDS sponsored public events shall:

1. Be clean, well groomed, and free of any offensive odors
2. Avoid use of perfumes and colognes as these may precipitate respiratory problems for individuals with chronic illness
3. Dress appropriately for the occasion; clothing must be in good repair; no torn jeans, low cut shirts, sheer blouses or crop tops
4. Wear their name badge at all times when working at an event
5. Employees shall wear FSDS issued uniforms at all public events unless instructed otherwise

Moral and Ethical standards

The FSDS has a zero tolerance policy for untoward behaviors and individuals who are affiliated with the FSDS shall at all times:

1. Refrain from bullying behavior and report any perceived incidences to a supervisor immediately

2. Refrain from use of illicit drugs
3. Arrive sober to all events and avoid use of alcoholic beverages when working at FSDS sponsored events
4. Treat others as they would wish to be treated

Interactions With FSDS Youths

The FSDS operates a community-based training program, and all individuals who are affiliated with the FSDS must be aware at all times of the impact that their behaviors will have on impressionable young people who may be participating. Standards for interactions with FSDS youth members include the following:

1. At no time will a staff or volunteer member be alone with a youth; a supervisor with a current Class I IVP fingerprint clearance card must be present at all times
2. At no time shall any staff or volunteer transport an underage student for whom they are not the parent or guardian to or from an event in their personal vehicle without written permission of the parent/guardian and knowledge of a FSDS supervisor
3. Physical contact with a youth member, other than a traditional handshake, is strictly prohibited
4. Staff, students and volunteers are expected to be positive and supportive, and present our youth to the public in the best possible light at all times

Use of Proprietary Information

The FSDS has worked hard to develop unique program materials for use in our programs. All individuals who elect to participate in any aspect of FSDS programming shall realize that access to any of our documents is a privilege, and along with this privilege comes responsibility. The federal government has enacted laws governing trade secrets, and infringement upon trade secrets is a federal crime (**18 U.S. Code § 1832 - Theft of trade secrets**). Arizona has enacted a similar law that makes theft of trade secrets a Class V felony (**A.R.S. 13-1820**).

The following rules apply to the use of any and all FSDS materials:

1. All documents are proprietary and at no time are individuals authorized to engage in any behavior that includes but is not limited to unauthorized verbal disclosure, downloading, scanning and uploading written materials, copying, transmitting or reproducing in any form or fashion any documents that belong to the FSDS.
2. For any individual who is assigned an FSDS email account either initially or at any time during their tenure with the FSDS, this account is the property of the FSDS, and the FSDS reserves the right at any time it shall be deemed necessary to access any or all email accounts or Drives.
3. Email accounts are to be used exclusively for the purpose of FSDS business, use of the FSDS email account or Drive for any other purpose is expressly prohibited.
4. At any time that a document is uploaded or created on the Drive by any program participant, shared edit privileges must be granted to the FSDS Executive Director.
5. At no time may any individual download or print documents from the Drive without written permission of the Executive Director.
6. At no time may any individual email FSDS materials to any non-FSDS email address.
7. FSDS materials may not be shared with others outside of the FSDS without expressed written permission of the Executive Director.

TRAINING AND TEAM STANDARDS

Health, wellness and safety

The handler shall provide:

1. Monthly heartworm treatments
2. Monthly flea and tick treatments if recommended by a Veterinarian
3. All required core vaccinations
4. Baths, brushing and grooming to keep dog clean and free of any offensive odors
5. Proper oral care
6. Regular nail trimming
7. Current County license tags that are prominently displayed on the collar
8. A name tag with a current phone number displayed on the collar
9. A clean program vest in good repair with ID badge and emergency contact card displayed in the pocket to be worn at all times while in public
10. Thermal working booties to protect against injury from excessively temperatures or sharp objects
11. Working equipment that is properly fitted and in good repair, including a collar, a leash that is no longer than 6 feet in length (retractable leashes are not permitted) and a harness (if applicable); backpacks are not permitted on the dog
12. Adequate food and hydration; must carry a portable water bowl when working

Training

The dog shall be trained to:

1. Perform at least three discernible service related tasks to mitigate the disability of the handler
2. Obey commands on first attempt at least 90% of the time, except in cases of intelligent disobedience
3. Maintain a good heel on leash, harness, Halti or Gentle Leader
4. Lie quietly besides the handler or under a seat without creating an obstacle to others
5. Urinate or defecate only in appropriate designated places

The trainer shall:

1. Ensure that the selected service tasks are appropriate for the dog
2. Use only positive reinforcement techniques for service dog training
3. Be consistent in enforcing commands
4. Ensure that the dog is within two feet of them at all times except when a task requires a greater distance
5. Ensure that the dog has adequate space in order to avoid injury to the dog or others in public
6. Provide regularly scheduled rest breaks for the dog
7. Ensure team recertification every three years for the working life of the dog

Public behavior

The dog shall:

1. Not solicit attention from strangers
2. Be able to work quietly in public without barking, whining or otherwise creating a distraction

3. Not growl, snarl or demonstrate any aggression towards people or other dogs
4. Not solicit or steal food items from the general public
5. Urinate or defecate only in appropriate designated places

The handler shall:

1. Set and enforce consistent boundaries
2. Respond politely and appropriately to public inquiries and challenges at all times
3. Maintain full control over their dog at all times
4. Remain alert for signs of danger and shall remove the dog from dangerous situations when necessary
5. Provide the dog with adequate food and hydration, but shall not feed the dog in designated public dining areas.
6. Provide regularly scheduled rest breaks for the dog

Note: At all times, the sole responsibility for all aspects of care, training and public behavior of both team members rests with the handler.



Acknowledgement of Standards and Guidelines

I, _____, hereby acknowledge that I have received the information on the Code and Conduct of the FSDS.

I understand and agree to abide by all FSDS guidelines, as well as all rules and regulations of the FSDS as explained to me during the time that I am affiliated in any way with the FSDS. This includes but is not limited to enrollment in any of the FSDS programs, volunteer services, staff or Board of Directors. For certified teams, this also includes the working life of your team. With regard to proprietary materials, these rules shall remain in force at all times in the present or future.

I understand and agree that if, at any time, I am found to be in violation of the FSDS Code of Conduct, I will be dismissed from the FSDS with no chance of reinstatement. **I understand and agree** that should this action become necessary, I am not entitled to a refund for any or all monies that have been paid up until that time, if applicable.

I understand and agree that should I have any questions regarding the standards and ethics, or rules and regulations as they have been presented, I may contact the FSDS by phone at 928-427-0375, or by email at: cjbetancourt@servicedogsupport.org to have my questions answered.

I understand and agree that I will faithfully comply with any rules regarding annual training and policy review updates that may pertain to my role with the FSDS.

I acknowledge that I have reviewed the information presented to me and have no further questions. **I understand** the information as presented **and agree** to abide by the FSDS Code of Conduct .

Signature of Applicant (or parent/guardian if applicant is a minor)

Date

Printed name of applicant (or parent/guardian if applicant is a minor)