

4. Name(s) of parent/guardian who would become a member of the Foothills Kiwanis Club of Boulder, and regularly attend 1 hour training classes, twice per month in Boulder, Colo.

5. Name all children or other residents of household

_____ Name	_____ Relationship	_____ Age
_____ Name	_____ Relationship	_____ Age
_____ Name	_____ Relationship	_____ Age
_____ Name	_____ Relationship	_____ Age

6. Type & breed of pets residing at household. Ages of pets If dogs, formal obedience trained? (Y,N)
Type (Dog, Cat, etc) Breed Age

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

Household dogs will be carefully evaluated during a home interview. The evaluation committee may judge that the presence of your dog(s) could interfere with effective puppy/child bonding, in which case, arrangements must be made for the subject dog to be absent for up to 4 months. Please describe how you would accomplish this temporary absence.

7. Residence:

____ Single Family home ___ Own ___ Rent
____ Condo/Town home ___ Own ___ Rent
____ Other Please describe _____

8. Will the home and work environment be such that the puppy will never be left home alone for more than 4 consecutive hours or more than a total of 20 hours per week? ___ Yes ___ No

If Yes, and if both parents/guardians work full time, please describe how this will be implemented

9. How will dog be exercised and where will it relieve itself?

____ Fenced Yard
____ Other - Please Describe _____

10. Dog ownership experience of parent/guardian attending Academy training classes.

- Currently own a dog
- Have owned and cared for dogs in the past
- Have attended obedience classes with a dog

11. By submitting this application, the undersigned agrees that Foothills Kiwanis Club of Boulder may contact the following individuals. Further, the undersigned agrees to process information release forms, as necessary, to allow us to discuss this case with the following individuals:

_____	_____	_____
School nurse name	School name	Phone
_____	_____	_____
Child's Physician name	Physician's Facility	Phone
_____	_____	_____
Other individual(s) familiar with the child's condition (optional)		Phone

12. If the selection committee wishes, will you allow committee members to visit your home and to interview the child, all parents/guardians, and other individuals residing at your home?

Yes No

13. Do you live within 30 miles of Boulder, CO and/or are willing to attend twice monthly classes in the Boulder, CO area and to visit the Project Trainer in Boulder when direct consultations are required?

Yes No

14. If selected to enroll in our Academy, one adult member of the Family must join the Foothills Kiwanis Club of Boulder. There are two membership levels available. The Regular membership dues are about \$50.00 per month, which gives the member full rights and privileges, and includes breakfast at all regular meetings and liability insurance covering the dog. There is also an Honorary membership with no dues, which entitles the member to attend any or all meetings, but the member will be charged \$10.00 for the breakfast meal. The liability insurance for the dog is included, but an Honorary member cannot vote or hold office. Please indicate your preference.

Regular membership _____

Honorary membership _____

15. How did you learn about us?

- ASD brochures
- Foothills Kiwanis Club website
- Project website—www.AlertDogs4Kids.org
- Member of ASD Academy
- Media information
- Other – Please Indicate _____

16. The principle contact regarding this application is:

Name (Please print)

Signature

Date

Address

City

State

Zip

Phone

Email

Submit this application to:

Foothills Kiwanis Club of Boulder, CO

Attn: Alan Boeve

4446 Pembroke Gardens

Boulder, CO 80301

303-530-4389 (h)

720-936-5720 (c)

Questions – please send email to alanboeve@aol.com or phone 720-936-5720

For additional information, visit our website at www.alertdog4skids.org