**Careers & Canine Connections2025**

**July 28 – August 2**

**APPLICATION PACKET**

**PLEASE NOTE:** Applications are **DUE** on or before March 31, 2025. Incomplete a**pplications and/or applications received after March 31 will not be considered.**

**PLEASE ensure that ALL items on the below checklist are completed and submitted together. \*\*\*IMPORTANT\*\*\* Actual signatures are required, we are unable to accept typed signatures.**

**Application Checklist (for your use only)**

* Participant application form
* Transportation form
* GDB Publicity release form
* APH Publicity Release Form
* Release of Liability form
* Proof of Medical Insurance form
* Permission for emergency care form
* Consent for release of information form-This needs to be completed in case we need to contact the applicant’s Physician, and if the applicant has a diagnosed mental health disorder and is under the care of a Psychiatrist or Psychologist, you MUST submit contact information so that we can gather further information.
* Physician’s Report – to be completed by the applicants Primary Care Physician
* Copy of insurance card
* A current photo of the applicant
* An essay written by the participant titled “Why I want to attend “Careers & Canine Connections” Include your career interests and why you are interested in getting a guide dog.

**Participant Application Form**

**PLEASE NOTE:** Applications are **DUE** on or before March 31, 2025.

Participant’s Full Name:

Mailing Address:

City, State, Zip:

Cell Phone Number:

Email address:

Preferred Method of Correspondence: \_\_\_Email \_\_\_Phone

Name of #1 Emergency Contact:

Phone#:

Relationship to the participant:

Name of #2 Emergency Contact:

Phone#:

Relationship to the participant:

Has the participant attended any programs through Guide Dogs for the Blind or the American Printing House Career Connect program?

\_\_\_Yes \_\_\_ No

If yes, which program(s) / year(s)?

**Personal & Health Information:**

Age & date of birth:

Gender:

Participants Preferred Pronoun (optional):

Ethnicity (optional):

Primary Language Spoken:

Has the participant been declared legally blind?

\_\_\_Yes \_\_\_ No

Cause of visual impairment:

If partially sighted, please describe the participant’s functional vision:

Right eye:

Left eye:

Does the participant have physical limitations such as neuropathy or problems with balance?

\_\_\_Yes \_\_\_No

If yes, please describe:

Does the participant have any cognitive, emotional, behavioral or psychological limitations?

\_\_\_Yes \_\_\_No

If yes, please describe:

Does the participant see a mental health professional for emotional or psychological limitations?

\_\_\_Yes \_\_\_No

Does the participant have a seizure disorder?

\_\_\_Yes \_\_\_No

If yes, date of last seizure?

Does the participant have hearing loss?

\_\_\_Yes \_\_\_No

If yes, please describe:

Left ear: \_\_\_Mild \_\_\_Moderate \_\_\_Severe

Right ear: \_\_\_Mild \_\_\_Moderate \_\_\_Severe

Does the participant require assistance with their medications and/or medical condition?

\_\_\_Yes \_\_\_No

If yes, please describe:

**Please describe how the participant might react to the following:**

* Unexpected change?
* Loud noises?
* Not having a consistent routine?

**Can the participant:**

* Participate in walks up to an hour in length?

\_\_\_Yes \_\_\_ No

* Swim independently in a pool of 3-foot depth?

\_\_\_Yes \_\_\_ No

* Swim independently in a pool of 6-foot depth?

\_\_\_Yes \_\_\_ No

* Swim independently without a flotation device?

\_\_\_Yes\_\_\_ No

Does the participant have any food allergies?

\_\_\_Yes \_\_\_ No

If yes, please list the specific foods:

Is the participant on a special diet?

\_\_\_Yes \_\_\_ No

If yes, please indicate any dietary restrictions/needs:

Is the participant currently using a mobility aid?

\_\_\_Yes \_\_\_ No

If yes, please indicate what kind of mobility aid is currently being used:

Has the participant ever had an alcohol or substance abuse problem?

\_\_\_Yes \_\_\_ No

Has the participant ever been convicted of a felony (Indictable offense)?

\_\_\_Yes \_\_\_ No

Is there anything else that would be helpful for us to know about the Participant? (please describe):

How does the participant prefer to receive printed material?

\_\_\_\_ Standard print

\_\_\_\_ Large print

\_\_\_\_ Braille

\_\_\_\_ Electronic

Name and contact of participants O&M instructor:

Participant’s shirt size (shirts are unisex style):

\_\_\_XS \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL

How did the participant hear about the Careers & Canine Connections program?

**Please include the following with the participant’s application:**

* An essay written by the participant titled “Why I want to attend “Careers & Canine Connections” Include your career interests and why you are interested in getting a guide dog.
* A recent picture of the participant

I understand that completing this form places neither myself nor Guide Dogs for the Blind under any obligation for services. This information is only intended to assist Guide Dogs for the Blind in determining my eligibility for the Careers & Canine Connections program.

I acknowledge that the above information is true and that any falsified information may result in denial of participation.

Participant Signature:

Date:

**Transportation form**

How will the applicant arrive to Hull Park Foundation for the Careers & Canine Connections program on July 28?

\_\_\_\_ I live Out of the area, I will be arriving by Plane (Guide Dogs for the Blind will provide me with transportation from the airport to the Hull Park Foundation.

\_\_\_\_ I live Out of the area, will be arriving by Plane but family/friend will provide transportation for me to the Hull Park Foundation

\_\_\_I live locally and will provide my own transportation to the Hull Park Foundation.

How will the applicant depart from Hull Park Foundation at the end of the program on August 2?

\_\_\_\_ I live Out of the area, will be departing by Plane (Guide Dogs for the Blind will provide me with transportation to the airport from the Hull Park Foundation.

\_\_\_\_ I live Out of the area, I will be departing by Plane but family/friend will provide me with transportation from the Hull Park Foundation to the airport

\_\_\_I live locally and I will provide my own transportation from the Hull Park Foundation.

Please provide the name/ contact information of the person(s) who will be dropping off and/or picking you up from the Hull Park Foundation:

**Drop off: July 28 at 2:00pm**

Name:

Relationship to you:

Phone:

**Pick up August 2 at 10:00am:**

Name:

Relationship to you:

Phone:

A black background with a black square

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**Careers & Canine Connections PUBLICITY RELEASE**

GUIDE DOGS FOR THE BLIND may wish to use various multimedia files (e.g., photography, audio/video recordings) and general information about participants in our programs for publicity and/or marketing purposes. These files may be used in any and all promotional media, including but not limited to: newsletters, brochures, website, blog, fundraising materials, social media channels, press coverage, promotional videos, public service announcements, etc. Also, please be advised that at GDB events (either on our campuses or hosted elsewhere), photography, audio/video recording, and live streaming may occur. By attending a GDB event, you consent to such recording media and its release, publication, exhibition, or reproduction. Thank you!

**Please check the appropriate selection and sign in the space provided to give us permission to reproduce your likeness:**

\_\_\_ 1. **FULL PERMISSION FOR PUBLICITY:** The undersigned does hereby give permission to use their likeness for marketing or publicity purposes, or to otherwise promote GUIDE DOGS FOR THE BLIND to the public from the date signed and in perpetuity. Minors must have a parent or guardian’s signature.

\_\_\_ 2. **DENIAL OF PERMISSION FOR PUBLICITY:** I do not want my likeness used for marketing or publicity purposes by GUIDE DOGS FOR THE BLIND.

PLEASE PRINT

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent signature for minors under 18 years of age

**APH Publicity Release Model Release Form-accessible-UA (1).pdf**

**APH Logo**

**AMERICAN PRINTING HOUSE FOR THE BLIND**

**Would you consider appearing in an APH photo or video?**

**Dear Friend,**

**The American Printing House for the Blind (APH) is a non-profit organization that produces a wide variety of products and services for people who are visually**

**impaired and blind. Founded in 1858, APH is the oldest company in the U.S. devoted to creating these products and is the largest organization of its kind**

**in the world.**

**APH periodically has the need to depict people using APH products and services by shooting still photography, video images, or both. Images are used to**

**educate people about the range of products and services offered by APH and about various aspects of the field of blindness.**

**We would be very appreciative if you or your child would consider appearing in one of these photos and/or videos. We regret that we don’t have funds to**

**compensate models, but we will be happy to supply copies of photos for the family’s use.**

**If you agree to participate, please fill out and sign the supplied Model Release Form. Thank you very much for your generous cooperation!**

**Sincerely,**

**The Staff of APH**

**Model Release Form**

**Date:**

**Date:**

**I consent, without compensation, to the use by the American Printing House for the Blind, Inc. (APH), or by other organizations that APH authorizes, of**

**the following: my name and/or: still photo, voice recording, quoted words, video image of me and my property, or any reproduction of the same in any form.**

**I agree that such a photo or video image of me shall be and remain the property of APH. I waive my inspection or approval of such images and/or accompanying**

**copy.**

**Model’s Name:**

**(please print or type)**

**Model’s Name: Please print or type**

**Address:**

**Address:**

**Phone Number:**

**Phone Number:**

**E-Mail:**

**E-Mail:**

**If model is 18 years of age or older, sign here:**

**(Skip to next line if model is a minor (under 18) or under the care of a parent or legal guardian.)**

**Model’s Signature:**

**Signature field is unsigned**

**If model is a minor or under the care of a parent or legal guardian, sign here:**

**Name of Model’s Parent**

**or Legal Guardian (Print):**

**Name of Model’s Parent or Legal Guardian (Print):**

**Model’s Parent or**

**Legal Guardian Signature:**

**Signature field is unsigned**

**Signature of Witness:**

Shape

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**RELEASE OF LIABILITY**

In consideration of the undersigned being accepted as a participant, and in further consideration of the program, use of the facilities, and other benefits the undersigned receives from Guide Dogs for the Blind, Inc. (“GDB”), the undersigned does hereby agree, among other things, that he or she shall hold harmless GUIDE DOGS, its directors, employees, officers, representatives, heirs, executors, administrators, agents and assigns from liability for any injury, damage, sickness and/or medical expense or eventuality that may occur or arise as a result of the undersigned’s attendance at camp, and use of the facilities, except as a result of negligence on the part of said GDB, the undersigned does hereby release, indemnify and hold GDB free and harmless from any and all liability, claims, damages, losses or expenses, including counsel fees and costs, arising as a result of the undersigned’s participation and/or use of the facilities.

The undersigned understands that each participant is provided their own room, which can be locked as to protect valuables, and therefore will not hold said GDB liable for the loss of monies, jewelry, records and/or other personal articles of value that he or she may choose to retain in his or her possession.

Date:

Participant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

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**Proof of Medical Insurance**

Guide Dogs for the Blind requires that all participants are insured and can show proof of medical insurance. If you are uninsured, we require that you purchase traveler’s insurance for the duration you will be attending the program, and we have provided two resources for this below.

**Insured participant:**

Name of insured:

Name of insurance carrier:

Membership number:

Expiration date (if any):

**Please include:**

* A copy of your medical insurance card or proof of your traveler’s insurance

**Uninsured participant Resources:**

Travel guard

800-826-5248

[www.travelguard.com](http://www.travelguard.com)

World Nomads

[www.worldnomads.com](http://www.worldnomads.com)

Also, if you have a VISA Credit Card may offer travelers insurance at a reduced rate.

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**PERMISSION TO PROVIDE NECESSARY EMERGENCY CARE:**

I hereby give permission to Guide Dogs for the Blind, Inc., to provide routine health care and seek emergency medical treatment if indicated, and give permission to Guide Dogs for the Blind, Inc., staff to communicate with emergency personnel and physicians if necessary.

Applicant’s **Name (PRINT)**

**Parent/Guardian (PRINT)**

**Parent/Guardian Signature** Required if client is under 18 years old

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Emergency Contact Phone Number**

**Intake Nurse’s Signature**

Thank you for completing the Careers & Canine Connections program participant application forms! We receive a high volume of applications which take time to process. We will let applicants know by mid to late April if their application has been accepted, at which time additional information will be forthcoming.

In the meantime, if you have any questions, please do not hesitate to contact Jane Flower the Youth Outreach Specialist at [jflower@guidedogs.com](mailto:jflower@guidedogs.com)

Please return your COMPLETE application and all necessary documentation to:

Guide Dogs for the Blind

C/O Jane Flower – Careers & Canine Connections application

350 Los Ranchitos Road

San Rafael, CA 94903

Or by email at

[jflower@guidedogs.com](mailto:jflower@guidedogs.com)