



Veteran and First Responder Participant Application

South Western Pennsylvania
PTSD Recovery through Dog Adoptions and Training

Participant Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ County: _____ Agency Referring Participant: _____

Do you have dog training experience?:(if yes please explain) _____

Have you served in the Armed Forces of the United States? YES NO If no, are you a First Responder? YES NO

Are you a Combat Veteran? YES NO If yes, where did you serve? _____

Do you have a copy of your DD214 or discharge documents? YES NO If no, please explain? _____

Can you commit to the 120 hours needed to complete the program? YES NO If no, please explain? _____

Can you make it to one group wellness session per month? YES NO If no, please explain? _____

Do you have a service-connected Disability? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to me being accepted into VetPets Wellness Program, I understand that false or misleading information in my application or interview may result in my release from the Wellness Program and possible release of VetPets equipment including dogs purchased specifically for hands-on service dog training from my care. I also acknowledge that I am granting VetPets permission to start a wellness file that is meant to track my wellness goals and progress.

VetPets is a 501(c)(3) that raises money and releases funds to aid in PTSD Recovery through animal adoptions and training. It is not responsible for the completion of your training, nor will VetPets be held liable for any action during events and or training resulting from not focusing on certified instructor recommendations. If you fail to show up to 3 training sessions, you may be removed from the Program. If you are removed, you may resubmit an updated version of your participant application after 60 days.

_____ *Initial if you understand the above statement.*

_____ *Initial if you understand that the financial responsibility for private training sessions, secondary dog equipment, food, boarding, and the basic care of your dog in-training is not VetPets' responsibility. If you can not financially care for the basic well-being of your dog, you will not be able to participate.*

_____ *Initial if you understand that any unsafe practice at training or wellness events may be grounds for your removal from the Wellness Program. VetPets cannot and will not attempt to override the recommendations of partnering certified trainers. If for any reason you are removed from their program and we purchased a dog for you to train with for 120 hours, that dog will become the property of VetPets and be placed with a Veteran or First Responder waiting to participate. If you fail to make it to 4 service dog training classes within one year, the prementioned statement may apply as well.*

_____ *Initial if you understand that the use of your image during training or wellness events may be used to raise monetary donations for your training team or other aspects of our Wellness Program.*

_____ *Initial if you understand that you must complete a minimum of one Wellness Activity per month in a group setting which could be via video conference or in-person sessions.*

_____ *Initial if you are not granting permission for a VetPets Case Manager to share your information with County resources that might be contacted for the betterment of your Wellness Program completion.*

_____ *Initial if you authorize a VetPets Case Manager or Volunteer associate to contact emergency response organizations in the event of a critical emergency during training, wellness activities or events, or during wellness phone call checks. This includes the use of the national suicide hotline, 911, and other suicide prevention or emergency services.*

Signature: _____ Date: _____