
Application for Leader Dog Training



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***Our mission is to empower people who are blind
or visually impaired with lifelong skills
for safe and independent daily travel.***

APPLICATION FOR TRAINING

PLEASE PRINT OR TYPE

HOME AND LIVING ENVIRONMENT

Date _____ Full Name _____

Maiden Name _____ Preferred Name _____

Address _____

City _____ State _____ Zip _____

County _____ How long at current address? _____

Do you anticipate a move within the next year? _____

Primary Phone _____ Secondary Phone _____

Circle one: home cell work

Circle one: home cell work

Email Address _____

What is your preferred method of corresponding with us: Telephone Email

Emergency Contact Name _____

Emergency Contact Phone _____ Relationship _____

Are you currently Married Single Divorced Widowed

Name of Spouse/partner (if applicable) _____

Number of Children _____ Ages of Children _____

With whom do you reside? _____ How many living in home? _____

Does your home have a fenced-in yard? ___ Yes ___ No

Have you ever owned a dog? ___ Yes ___ No Any pets in the home? ___ Yes ___ No

Gender, age, breed/species of pets _____

PERSONAL AND HEALTH INFORMATION

Age _____ Date of Birth _____ Gender _____ Weight _____ Height _____

Cause of Blindness _____ Age at loss of sight _____

Do you have vision in your right eye? Yes No

If yes, describe _____

Do you have vision in your left eye? Yes No

If yes, describe _____

Does your vision fluctuate? Yes No

If yes, describe _____

Do you have physical limitations such as neuropathy, balance? Yes No

If yes, describe _____

Do you have any cognitive, emotional, behavioral or psychological limitations? Yes No

If yes, describe _____

Do you see a mental health professional for emotional or psychological limitations? Yes No

If yes, provide their name, address and phone number _____

Do you have hearing loss? Yes No

If yes, describe _____

Left ear Mild Moderate Severe Right ear Mild Moderate Severe

If you are Deaf-Blind, what is your primary form of communication? _____

Do you use the assistance of a caretaker/caregiver? Yes No

If yes, explain _____

Do you require assistance with your medications or medical conditions? Yes No

If yes, explain _____

Do you have any special dietary requirements? _____

If yes, please list _____

Are you: Smoker Non-Smoker Bothered by Smoke

Have you ever been convicted of a felony? Yes No

Leader Dog reserves the right to conduct a background investigation on applicants. A felony conviction does not necessarily result in denial of services, however, the nature of a felony conviction will be taken into consideration should it pose a threat to the safety of Leader Dog employees, clients, dogs and/or the general public.

EDUCATION AND EMPLOYMENT

Employment Status: Student Employed Retired Unemployed

Most recent occupation _____

If applicable, describe your work schedule _____

Are you a Veteran? Yes No If yes, which branch? _____

Years of primary education completed (*circle one*) 1 2 3 4 5 6 7 8 9 10 11 12

College Name _____ Highest Degree _____

Other special schooling or training attended _____

Are you planning further education? Yes No

If yes, when and where: _____

Do you speak and understand English? Yes No

Please indicate other languages spoken _____

TRAINING

Our research indicates the yearly cost of caring for a dog is approximately **\$900.00** (food, basic preventative vaccinations, parasite control). Can you financially afford this?

Yes No If no, explain _____

How do you expect a Leader Dog to assist you? _____

Are you or anyone in your home allergic to dogs? Yes No

If yes, explain _____

Our instructors are highly trained to match specific dogs to clients. We train Labrador retrievers, golden retrievers and German shepherds. Do you have a **strong preference for or against** a particular breed/gender? If so, why? _____

What is your availability for training? _____

Providing you are approved for training, what is your preferred format to receive lecture information? Large Print Braille CD MP3 Email

TRAVEL SKILLS AND PREVIOUS TRAINING

Have you attended a vocational or rehabilitation center for the blind? Yes No

If yes, when and where did you attend? _____

Do you plan to attend a vocational or rehabilitation center for the blind? Yes No

If yes, explain _____

Do you use low vision aides? Yes No

If yes, explain _____

Have you completed or are you currently completing Orientation & Mobility training?

Yes No If yes, please complete the following:

Date training was completed or expected to be completed _____

Name of agency or instructor _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

How far do you walk on a daily basis? _____

Describe your daily walking routine _____

Do you travel with a long cane? Yes No With a human guide? Yes No

Other mobility devices you use _____

How often do you walk outside independently? _____

Do you cross streets independently? Yes No

How do you determine traffic direction? _____

Does your travel area involve: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> City | <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Gravel Roads |
| <input type="checkbox"/> Residential | <input type="checkbox"/> No Sidewalks | <input type="checkbox"/> Gravel Shoulder |
| <input type="checkbox"/> Country | <input type="checkbox"/> Broken Sidewalks | <input type="checkbox"/> Hard Surface w/No Shoulder or Sidewalks |
| <input type="checkbox"/> School/Campus | <input type="checkbox"/> Escalators | |

Are your traffic conditions Heavy Moderate Light

Which describes your methods of travel on a daily basis: (Check all that apply)

On Foot Bus Dial-a-Ride Private Transportation Subway Cab Train

Additional information or description of area you will be working with the dog _____

GUIDE DOG EXPERIENCE

Have you previously used a guide dog? Yes No If yes, give summary of training and how many dogs you have worked with in the past, school(s) attended, and when _____

Status of current dog (if applicable) _____

Have you applied for training elsewhere? Yes No

If yes, where _____

Have you ever been denied guide dog training? Yes No

If yes, explain _____

REFERRAL SOURCE

How did you hear about Leader Dog? Agency Leader Dog Graduate
 Internet Medical Professional Lions Club Attended Conference
 Other _____

Please provide details (i.e. name of conference or agency) of your referral source _____

Did a Lions Club assist you with this application? Yes No

If yes, how did they assist? _____

Please provide the name of the assisting club and contact information so we can thank them

PERSONAL REFERENCES Please list below any persons to whom you are well known (not immediate family). Three references are needed. **To prevent a delay in processing, please provide up to six persons to whom you are well known.**

Name _____ Street Address _____
City/State/Zip _____ Phone (____) _____ E-mail _____

Name _____ Street Address _____
City/State/Zip _____ Phone (____) _____ E-mail _____

Name _____ Street Address _____
City/State/Zip _____ Phone (____) _____ E-mail _____

Name _____ Street Address _____
City/State/Zip _____ Phone (____) _____ E-mail _____

Name _____ Street Address _____
City/State/Zip _____ Phone (____) _____ E-mail _____

Name _____ Street Address _____
City/State/Zip _____ Phone (____) _____ E-mail _____

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

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

I am knowledgeable of the fact that Leader Dogs for the Blind assumes no liability in case of accident during my training period. I hereby release Leader Dogs for the Blind, its officers and employees from any such liability.

Applicant (or Guardian) Signature _____ Date _____

Witnessed by _____ Date _____