



**Wisconsin Academy
for Graduate Service Dogs, Inc.
www.wags.net**

1338 Dewey Court
Madison, WI 53703
(608) 250 - WAGS (9247)

Volunteer Dog Walker/Runner Application

Please print this form, complete and mail to WAGS. THANK YOU!!

TODAY'S DATE: _____

How did you learn about WAGS? _____

GENERAL INFORMATION:

Name (Last, First, Middle Initial): _____

Street, City, State, Zip _____

How long at this residence?: _____

Date of Birth: _____ Mode of Transportation: _____

Home Phone#: () - Email Address: _____

Work Phone#: () - Email Address: _____

WAGS uses email as its primary means of communication. Should we use: Home Work

EMPLOYMENT INFORMATION (or COLLEGE if currently a student):

Work/CollegeName: _____ Supervisor: _____

Address/City/State/Zip: _____

Title and number of hours you are there per week: _____

REFERENCES:

Personal Reference (not related to you):

Name: _____

Address/City/State/Zip: _____

H or W Phone # (best): () - Relationship to you: _____

Please list all the pets you currently have in your household:

	Species/ Breed	Sex	Age/Weight	Neutered/Spayed	Length of ownership	Kept in the house
Pet #1:		M F		Yes No		Yes No
Pet #2:		M F		Yes No		Yes No
Pet #3:		M F		Yes No		Yes No
Pet #4:		M F		Yes No		Yes No

Please explain what types of pets you have owned in the past, weight, where they lived (indoors or outdoors – kennel/run), where they stayed when you were not home and what happened to them (use back of form if necessary):

SKILLS INFORMATION:

Please describe any prior experience you have had with:

Dog Training (when, where, training techniques, skills taught): _____

Personal Reference (not related to you):

Name: _____

Address/City/State/Zip: _____

H or W Phone # (best): () - Relationship to you: _____

Email address: _____

Personal Reference (not related to you):

Name: _____

Address/City/State/Zip: _____

H or W Phone # (best): () - Relationship to you: _____

Email address: _____

If you own pets, name/phone Veterinary Clinic: _____

Applicant Name (print): _____ **Date:** _____

PLEASE SIGN THIS AGREEMENT AND RETURN WITH THE DOG WALKER APPLICATION.

1. I am at least 21 years of age.
2. The dog I am walking belongs to WAGS' Client.
3. I will maintain a smoke-free environment at all times; I will not smoke at the Client's home or while I am walking the Client's dog.
4. I am required to follow WAGS Dog Walker guidelines and use equipment as directed by WAGS' Client.
5. I understand that this dog is not allowed in public places with me even though it is a WAGS dog. That, as a Volunteer Dog Walker, I do not train this dog or WAGS' Clients.
6. I am required to report behavioral or medical issues to WAGS as well as schedule changes.
7. I will not allow the dog to be off leash or take the dog to any dog parks. I will walk/run/in-line skate with the dog on the route designated by the Client.
8. I will represent WAGS responsibly by educating myself about the Service Dog industry, people with disabilities, the WAGS program, and through positive treatment of the WAGS dog.

I have read and understand the above requirements to be a WAGS Dog Walker. My signature signifies acceptance of all the terms stated above.

Applicant Signature _____ Date: _____