

ZERO 4 HEROS

APPLICATION PACKET



Zero  4  Heroes

In this packet you will find the application for obtaining one of our amazing companion dogs. Along with the Hero Application there are three applicant references that we request to be completed. Those individual references can be mailed in direct by the person completing the referral or returned with the completed application.

Helping Veterans Cope with PTSD

Thank you for taking the time to consider a companion dog. If you have any questions please reach out to us directly.

APPLICATION FOR HERO

Thank you for your interest in obtaining a companion dog from Zero 4 Heros. Z4H provides trained companion dogs to men and women disabled in the line of duty while serving our country in the U.S. Military, Law Enforcement, Fire or Emergency Medical Service, who now suffer from mobility impairment, traumatic brain injury, or a clinical diagnosis of a psychiatric impairment and/or to those suffering from post-traumatic stress disorder. To apply for a companion dog the following (copies of which are included within) are required (please include a check mark or other similar designation next to each item confirming you have completed it):

1. Completed Application for Companion dog: _____
2. Medical History Form: _____
3. Z4H Standards, Guidelines and Code of Conduct Form: _____
4. Three Personal Reference Forms: _____
5. Photo/Media Release Form: _____
6. General Liability Release Form: _____

Additional Requirements:

1. (a) For applicants with military service: (i) for veterans, a copy of DD214 that contains a separation code; or (ii) for active-duty personnel, an Enlisted Record Brief with Social Security Number removed: _____ (b) For current or former members of Law Enforcement, Fire Department or EMS, a letter from your Commander (or equivalent authority) confirming service: _____
2. A copy of your driver's license: _____
3. Proof of Income (e.g., paystub, letter from employer, Social Security statement, bank statement with SSN's and account numbers removed): _____

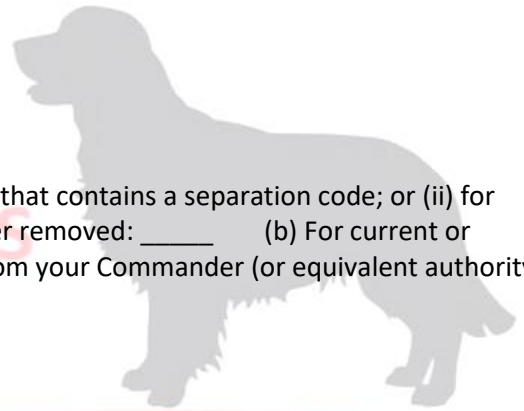
Your application will only be included in our review process once your complete application packet is received at one of the below addresses. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED** and will be returned for completion. Due to the limited number of companion dogs, satisfaction of all requirements contained herein does not guarantee that you will be provided with a companion dog. Please sign and date to acknowledge you have completed the application in full and understand all of the terms and conditions set forth herein.

Printed Name: _____

Signature: _____ Date: _____, 20__

Please mail this completed form directly to the address below:

Zero 4 Heros
P.O. Box 221
Marseilles, IL 61341



APPLICATION FOR COMPANION DOG

Date of Application: ____/____/20____

Part I. Personal Information Full Name of Applicant:

_____ Gender: Male ____; Female ____.

Date of Birth ____/____/____

Street Address: _____

Mailing Address (if different from above): _____

City: _____ County: _____ State: _____

ZIP Code: _____ Home Phone: _____

Alternate Phone: _____

E-mail Address: _____

Have you ever been convicted of a court martial, service reprimand, non-judicial punishment or felony?

Yes ____; No ____ If yes, explain

Are there currently any charges pending against you that could result in a court martial, non-judicial punishment or felony? Yes ____; No ____ If yes, explain

Are you physically, mentally, emotionally and financially able to care for a companion dog if you are awarded one?

Yes ____; No ____.

Projected Date Available to Start Care: _____, 20____

Part II. Family/Living Situation

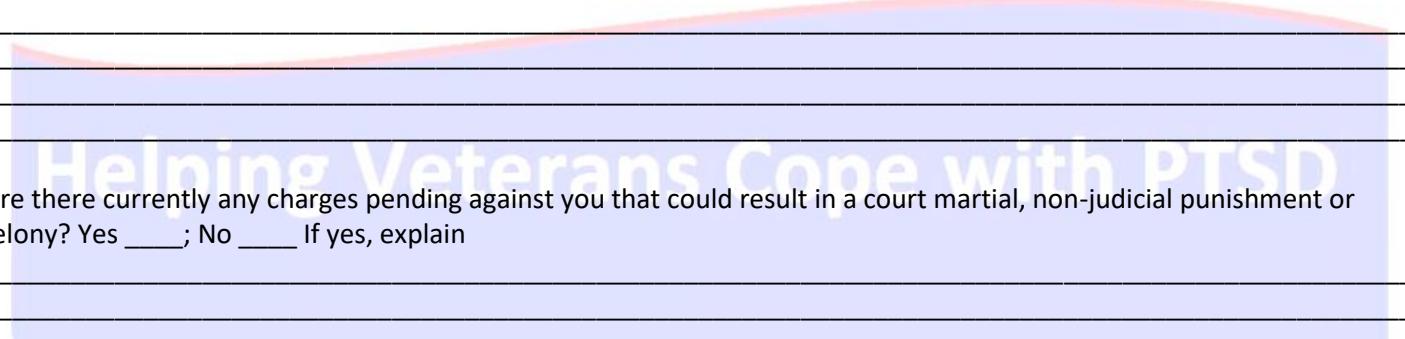
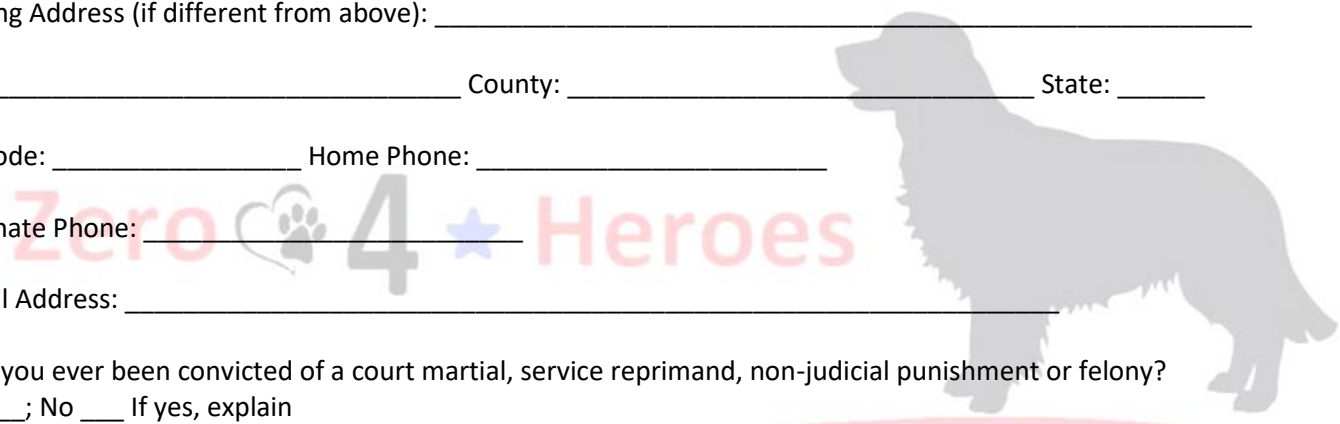
Current Marital Status: Single, never married ____; Married ____; Committed cohabitating relationship ____;

Divorced ____; Separated ____; Widowed ____.

In what type of residence do you reside? Private Home ____; Apartment ____; Dormitory ____;

Assisted Living Facility ____; Group Home ____; Mobile Home ____;

Other (please describe) _____.



Do you have an enclosed and secured fenced yard available for your use? Yes ____; No ____.
Please give name, age and relationship of those with whom you live.

Do you currently have any pets in your home? Yes ____; No _____. If yes, please describe the number, type, gender, breed and age of all pets:

Have you ever owned a dog before? Yes ____; No _____. If yes, explain how you cared for the dog.

Is anyone in your home allergic to dogs? Yes ____; No _____. If yes, explain:

Does anyone in your home have a fear of dogs? Yes ____; No _____. If yes, explain:

What type of support is available to assist you with the care of your companion dog (e.g., taking it to the veterinarian, feeding, bathing, walking, etc.)? _____

What is the name, address and phone number of the most recent veterinarian you used for any of your animals and what were the names of those animals? Also, please explain the reason for the most recent visit to such veterinarian.

May we contact the veterinarian whose information is provided above? Yes ____; No ____.

If you are single or living alone, do you have someone in your support network that can assist you with taking care of your companion dog if something happened to you (e.g., illness or injury)? Yes ____; No ____.

If yes: Individual's Name: _____

Relationship: _____

Individual's Email: _____

Individual's Phone: _____

Emergency Contacts: Please provide two (2) emergency contacts.

1. Emergency Contact's Name: _____

Relationship: _____

Phone Number: _____

2. Emergency Contact's Name: _____

Relationship: _____

Phone Number: _____

Part III. Employment Situation What is your current employment situation? Employed (full time) _____;
Employed (part time) _____; Employed (per diem) _____; Unemployed _____; Student _____ (please specify name of
learning institution, anticipated date of graduation and degree: _____

What is your primary source of income? Self (through employment) _____; Disability _____;
Spouse/Significant Other _____; Other _____ (please specify:

How do you get to and from work/school on a daily basis?

Zero  4  Heroes

If you are not currently employed, do you plan on becoming employed? Yes _____; No _____. Explain:

Please answer the following questions only if you are currently employed. Do you work outside of your home? Yes _____;
No _____. If yes, where do you work (please describe the work environment, e.g., large/small office; high rise/single
story; rural, suburban, downtown; indoors/outdoors, etc.)?

Who is your current employer? _____
May we contact your current employer? Yes _____; No _____. If yes. Phone # _____

Part IV. Service to Community. Are you a veteran of the United States military, or have you ever worked as a first
responder with Law Enforcement, Fire Department or Emergency Medical Service? Yes _____; No _____. If yes, in which
branch of the military or first responder position did you serve? Air Force _____; Army _____; Coast Guard _____;
Marines _____; Navy _____; Law Enforcement Officer _____; Firefighter _____; Emergency Medical Services _____;
Other _____. Component (if applicable) (check all that apply): Active _____;
Reserve _____; Guard _____

Dates of Service (MM/DD/YY): _____ to _____. Location: _____.

Dates of Service (MM/DD/YY): _____ to _____. Location: _____.

Dates of Service (MM/DD/YY): _____ to _____. Location: _____.

Rank Discharged As (if applicable): _____.

Type of Discharge (if applicable): _____.

Have you been reviewed by a medical board within the last twelve (12) months? Yes _____; No _____. If yes, Medical Board
Review Disposition (e.g., fit, unfit, under review):

Part V. Miscellaneous. Please describe, as specifically as possible, how a companion dog will assist you in becoming more independent and productive at home and in your community. Attach additional sheets if necessary.

How would a companion dog help you with your mental health and/or psychological needs? Please be as specific as possible. Attach additional sheets if necessary.

Part VI. Acknowledgement and Signature By signing below, I certify that all of the information I have provided on this application is current, accurate, and correct, and truly represents my needs and present situation. I understand that failure to give complete information or falsification or misrepresentation of information may prevent me from receiving a companion dog, or may cause me to lose a companion dog if one is awarded to me. I agree to surrender any companion dog awarded to me by Z4H and return all materials, equipment and supplies provided by Z4H in the event of any failure to provide complete information or falsification or misrepresentation of information by me. I understand that any information obtained by Z4H is confidential, and other than being shared with Z4H's agents, representatives or advisors for the sole purpose of assessing my qualifications for a companion dog, will not be released to any person or outside agency without my written consent.

Signature _____
Printed Name _____
Signature of Applicant Date _____

MEDICAL HISTORY FORM Please note that Z4H does NOT require you to disclose your diagnosis. However, we do require information on the effects that your needs has on your ability to perform certain activities of daily living. Please describe the nature of your primary disability: _____

Do you have any secondary disabilities? Yes ___; No ___. If yes, please explain: _____

Do you currently use any of the following assistive/adaptive devices? Manual Wheelchair ___; Power Wheelchair ___; Power 3-Wheel Cart ___; Walker ___; Crutch/Cane ___; Leg Brace ___; Arm Brace ___; Prosthesis ___; Hearing Aid ___; Other ___. If other, please specify: _____

How does your disability affect your daily life? What are your functional limitations? Please indicate which of the following activities are limited by your disability (check all that apply): Balance ___; Coordination ___; Hearing ___; Vision ___; Speech ___; Memory Loss ___; Physical Stamina ___; Ability to navigate curbs and steps ___; Ability to bend or retrieve dropped objects ___; Ability to go out in public or socialize ___; Ability to live independently ___; Other ___ (please explain _____).

Please describe the extent to which any of the above checked items are affected.

GENERAL ACKNOWLEDGMENT

1. I acknowledge and agree that I will: 1. Notify Z4H within ten days of any change of my address, email address or phone number and provide such new information. 2. Be regularly contacted by a Z4H representative to ensure that the pairing with my companion dog is successful. I will be open, honest and responsive to any such contact by a Z4H representative. 3. Notify Z4H within two hours of any incident involving my companion dog and animal control and/or law enforcement. 4. Participate in any recertification program required by Z4H. 5. Be an advocate and ambassador for Z4H. I will always act professionally while in public and agree to represent Z4H at various events, appearances and fundraisers. 6. Never abandon, surrender, give away, or take my companion dog to a shelter, any other organization or any person without written consent from Z4H. 7. Inform Z4H immediately if, for any reason, I am unable to maintain proper care or comply with all of the above listed conditions and requirements for my companion dog. I acknowledge and agree that the final responsibility for all aspects of care, training and public behavior rests with me and that I agree to accept all responsibility and liability for my and my companion dog's actions. By signing below, I certify I have read and agree to abide by the Z4H Standards, Guidelines and Code of Conduct. I understand and agree that if, at any time, I am found to be in violation of the Z4H Standards, Guidelines and Code of Conduct, I will be removed from the Z4H program and I will surrender to Z4H the companion dog given to me and return all materials, equipment and supplies provided by Z4H to me. I hereby give Z4H the right to remove a companion dog from my care in the event of mistreatment, abuse, poor living conditions or failure to comply with the Z4H Standards, Guidelines and Code of Conduct in any respect.

Applicant's Signature _____

Printed Name _____

Applicant's Signature Date _____



Helping Veterans Cope with PTSD

Zero 4 Heroes – First of Three Personal Reference Forms for Applicants Instructions to Applicant:

Please provide your name, then send the form AND a stamped, preaddressed envelope (made out to Dogs Helping Heroes, Inc. at the address below) to the person who will be completing the form. It must be filled out by an individual who is familiar with you but who is NOT related to you or with whom you cohabitate.

Name of Applicant _____

Instructions to Respondent completing the form: The above-named individual is applying to get a companion dog from Dogs Helping Heroes, Inc. ("Z4H"). Please answer all questions to the best of your ability and return the form to Z4H in the enclosed envelope. NOTE: Your responses will be held in CONFIDENTIALITY and shared only with Z4H's board members, representatives or advisors for purposes of determining Applicant's qualifications for a companion dog, and will not under any circumstance be provided to the Applicant.

1. How do you know the applicant? _____

2. How long have you known the applicant? _____ (Months/Years)

3. What is your relationship to this applicant? Friend _____; Co-Worker _____;
Other _____ (please explain _____)

4. Do you believe this applicant has good communication skills? Yes _____; No _____.

Explain: _____

Helping Veterans Cope with PTSD

5. Do you believe this applicant to be of sound mind and able to exercise good judgment?

Yes _____; No _____ Explain: _____

6. Do you believe this applicant has the ability to provide essential control and care for a companion dog?

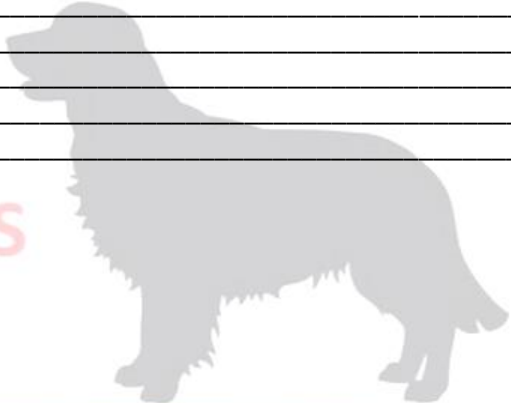
Yes _____; No _____ Explain: _____

7. Do you believe this applicant has the ability to provide for the emotional needs of a companion dog?

Yes _____; No _____ Explain: _____

8. Do you believe this applicant has the ability to work safely in public with a companion dog? Yes _____;
No _____. Explain: _____

9. Please comment on the moral character and integrity of this person, or any other factor you believe is relevant for our purposes and the ultimate safety and wellbeing of the applicant and the companion dog.



Reference Signature _____
Printed Name _____
Reference Signature Date _____
Reference Phone Number _____

Please mail this completed form directly to:
Zero 4 Heros
P.O. Box 221
Marseilles, IL 61341



Zero 4 Heroes – Second of Three Personal Reference Forms for Applicants Instructions to Applicant:

Please provide your name, then send the form AND a stamped, preaddressed envelope (made out to Dogs Helping Heroes, Inc. at the address below) to the person who will be completing the form. It must be filled out by an individual who is familiar with you but who is NOT related to you or with whom you cohabitate.

Name of Applicant _____

Instructions to Respondent completing the form: The above-named individual is applying to get a companion dog from Dogs Helping Heroes, Inc. ("Z4H"). Please answer all questions to the best of your ability and return the form to Z4H in the enclosed envelope. NOTE: Your responses will be held in CONFIDENTIALITY and shared only with Z4H's board members, representatives or advisors for purposes of determining Applicant's qualifications for a companion dog, and will not under any circumstance be provided to the Applicant.

1. How do you know the applicant? _____

2. How long have you known the applicant? _____ (Months/Years)

3. What is your relationship to this applicant? Friend _____; Co-Worker _____;
Other _____ (please explain _____)

4. Do you believe this applicant has good communication skills? Yes _____; No _____.

Explain: _____

5. Do you believe this applicant to be of sound mind and able to exercise good judgment?

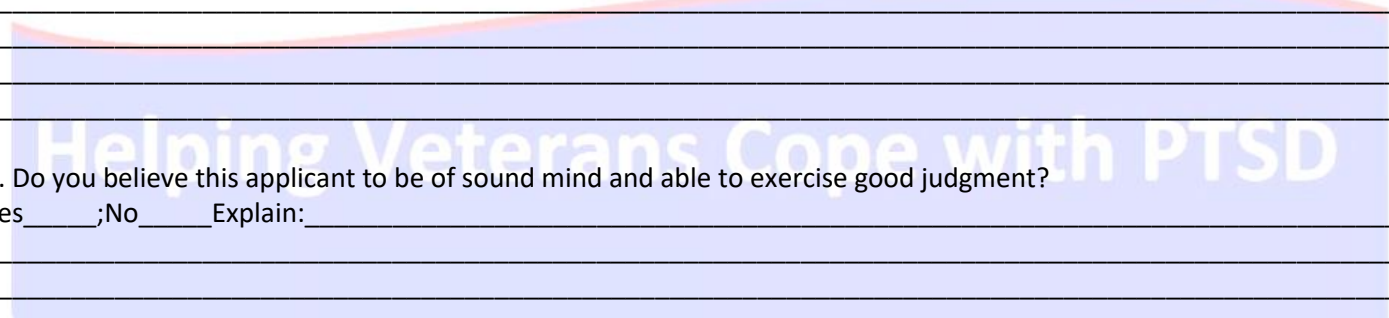
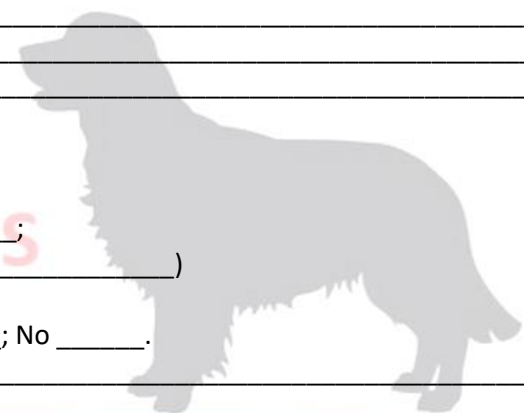
Yes _____; No _____ Explain: _____

6. Do you believe this applicant has the ability to provide essential control and care for a companion dog?

Yes _____; No _____ Explain: _____

7. Do you believe this applicant has the ability to provide for the emotional needs of a companion dog?

Yes _____; No _____ Explain: _____



Zero 4 Heroes

8. Do you believe this applicant has the ability to work safely in public with a companion dog? Yes ____;
No ____ Explain: _____

9. Please comment on the moral character and integrity of this person, or any other factor you believe is relevant for our purposes and the ultimate safety and wellbeing of the applicant and the companion dog.

Reference Signature _____
Printed Name _____
Reference Signature Date _____
Reference Phone Number _____



Please mail this completed form directly to:
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P.O. Box 221
Marseilles, IL 61341

Helping Veterans Cope with PTSD

Zero 4 Heroes – Third of Three Personal Reference Forms for Applicants Instructions to Applicant:
Please provide your name, then send the form AND a stamped, preaddressed envelope (made out to Dogs Helping Heroes, Inc. at the address below) to the person who will be completing the form. It must be filled out by an individual who is familiar with you but who is NOT related to you or with whom you cohabitate.

Name of Applicant _____

Instructions to Respondent completing the form: The above-named individual is applying to get a companion dog from Dogs Helping Heroes, Inc. ("Z4H"). Please answer all questions to the best of your ability and return the form to Z4H in the enclosed envelope. NOTE: Your responses will be held in CONFIDENTIALITY and shared only with Z4H's board members, representatives or advisors for purposes of determining Applicant's qualifications for a companion dog, and will not under any circumstance be provided to the Applicant.

1. How do you know the applicant? _____

2. How long have you known the applicant? _____ (Months/Years)

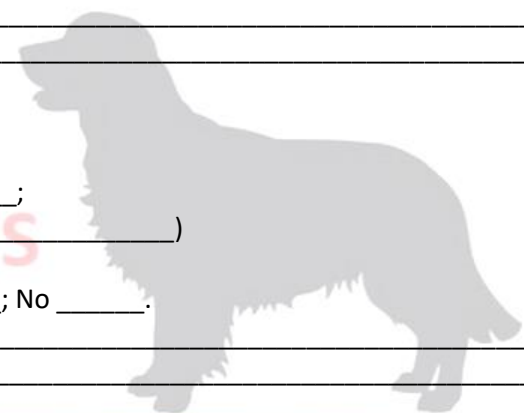
3. What is your relationship to this applicant? Friend _____; Co-Worker _____;
Other _____ (please explain _____)

4. Do you believe this applicant has good communication skills? Yes _____; No _____.
Explain: _____

5. Do you believe this applicant to be of sound mind and able to exercise good judgment?
Yes _____; No _____. Explain: _____

6. Do you believe this applicant has the ability to provide essential control and care for a companion dog?
Yes _____; No _____. Explain: _____

7. Do you believe this applicant has the ability to provide for the emotional needs of a companion dog?
Yes _____; No _____. Explain: _____



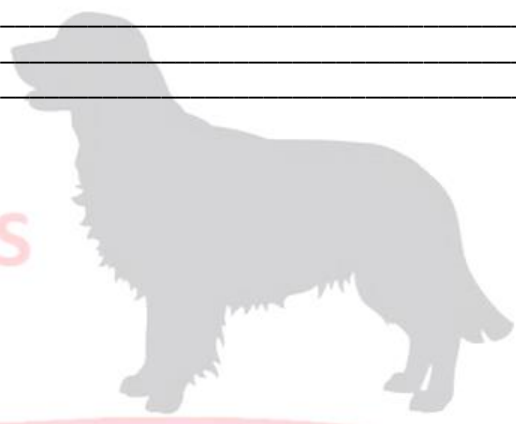
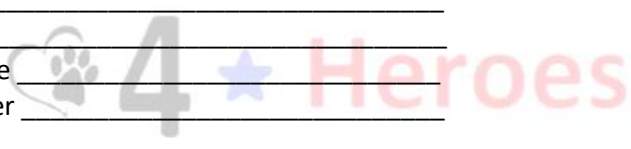
Zero 4 Heroes

Helping Veterans Cope with PTSD

8. Do you believe this applicant has the ability to work safely in public with a companion dog? Yes _____;
No _____. Explain: _____

9. Please comment on the moral character and integrity of this person, or any other factor you believe is relevant for our purposes and the ultimate safety and wellbeing of the applicant and the companion dog.

Reference Signature _____
Printed Name _____
Reference Signature Date _____
Reference Phone Number _____



Please mail this completed form directly to:
Zero 4 Heros
P.O. Box 221
Marseilles, IL 61341



PHOTO/MEDIA RELEASE

I understand and agree that Z4H will be photographing applicants and dogs during training and events for the purposes of providing community education and/or promoting the program, social networking, promotional material and other related purposes. This may include still photos and videos. I understand that there may be television, newspaper, or other media outlets who may be present at classes and events to take footage and/or photos of applicants and dogs for training and/or publicity purposes. I hereby grant Z4H permission to use these photos or footage, and grant permission to these media outlets to use these photos or footage for training and/or publicity purposes. I understand and agree that all photos taken by Z4H are the exclusive property of Z4H, and Z4H reserves the rights to all such photos or videos.

Signature of Applicant _____

Printed Name of Applicant _____

Signature of Applicant Date _____

GENERAL RELEASE OF LIABILITY

By signing below, I hereby release any liabilities or claims relating to injuries or death that may occur during any and all dog training, dog handling, trainer training, classroom instruction, events and all situations relating to participating in any activities or services sponsored by Dogs Helping Heroes, Inc. ("Z4H"). I acknowledge that I assume the risks and responsibilities in such participation and hold Z4H harmless for any injuries or liabilities incurred or sustained in my participation with Z4H. I understand and agree that, by acknowledging and signing this release, I irrevocably, unconditionally and completely release and forever discharge Z4H and all of its principals, officers, directors, heirs, representatives, successors, subsidiaries, assigns, affiliates, shareholders, partners, employees, former employees, attorneys, insurers, and/or agents (collectively, the "Z4H Parties") from and against any and all losses, demands, damages, obligations, liabilities, actions, causes of action, debts, suits, judgments, and all claims of any kind or nature whether known or unknown, fixed or contingent, arising directly or indirectly from, as a result of or in connection with, or otherwise relating in any manner to any claims of liability, that were alleged, could have been alleged, or could be alleged against any and all Z4H Parties that may in the future develop from or be caused directly or indirectly from any actions causing such liabilities. I acknowledge that I provide this release voluntarily and knowingly. By signing below, I further agree to hold any and all Z4H Parties entirely free from any and all liability, including but not limited to financial responsibility for injuries incurred or alleged to have been incurred, regardless of whether injuries are caused by negligence. In addition, I forfeit any and all right to bring a suit against any and all Z4H Parties for any reason. I accept full and sole responsibility for myself, my family, my entire party and any and all actions of my companion dog. Signature of

Applicant _____

Printed Name of Applicant _____

Signature of Applicant Date _____

GENERAL INQUIRY

How did you hear about Dogs Helping Heroes: _____

What is your shirt size: _____