

#### Assistance Dog Education Program and Training

Print the application, complete it, and mail it to 9877 234<sup>TH</sup> St. E., Lakeville MN. 55044

Applications **must** be postmarked by February, 25<sup>th</sup> 2019, no late applications will be accepted.

You may also print the application, complete it, scan it, and email to ADEPT@PawPADs.org, submissions are due by 11:59 PM on February, 25th.

### PROGRAM APPLICATION

# **Assistance Dog Education Program and Training (ADEPT)**

A partnership between UW-River Falls and Pawsitive Perspectives Assistance Dogs (PawPADs)

In order to be considered for an internship, you must submit a signed and completed application form along with a cover letter and your resume. Feel free to use additional sheets to answer any questions if necessary.

#### PERSONAL INFORMATION:

Name:				
Your Address at School:				
City:	State:	Zip	Code:	
Permanent Address:				
City:	State:	Ziŗ	Code:	
Birth Date:// Email:		P	hone:	
Emergency Contact:				
Relationship: Addr				
Phone: Emai	l:			
What year will you be Fall, 2019: (ci	rcle one) Sopho	more Junio	r Senior	Senior+
Expected Graduation Date:				
Major(s):	Minor	(s):		
Current GPA:				
Number of credits you plan on takir	ng during the F	all 2019 seme	ester:	
Are there any restrictions on your eligil	bility for internsh	nips / program p	participation	? [ ] Yes [ ]No
Do you have a valid driver's license?	[ ]Yes	[ ] No		
Do you have a car or access to a ca	ar? [ ] Yes	[ ] No		
Do you live in a dormitory?	[ ]Yes	[ ] No		

Briefly describe your interests, what	t subjects you have focused your studies on and, if
known, your aspirations for after gra	aduation:
EMPLOYMENT HISTORY:	
history, including volunteer positions, w	use attach a copy of a resume featuring your employment work-study positions, and intern positions you have had, or to duplicate this page if you have more positions to list.)
Position:	Start/End:
Business/Organization:	
Briefly Describe your responsibilities	
	Start/End:
Business/Organization:	
Briefly Describe your responsibilities	s and what you learned in this role:

# **REFERENCES:**

Lis	t the name and contact i	information of two people who will	provide recommendations for you			
	1) Personal (not a r	elative), 2) Professional (advisor,	co-worker, etc.):			
1)	Name:	R	Relationship:			
	City:	State:	Zip Code:			
	Phone:	Email:				
2)	Name:	R	elationship:			
	City:	State:	Zip Code:			
	Phone:	Email:				
Pe	ermission to contact the	em? []Yes []No				
\/\/I	hat do you think your r	eferences will say about you:				
VVI	nat do you triirik your r	ererences will say about you.				
ST	RENGTHS, WEAKNE	ESSES, & INTERESTS:				
Bri	iefly describe your stre	engths weaknesses and intere	ests? Why are you interested in			
		PT program? What skills do you	• •			
μ	. но рош . д	, programme as yes	epe to gami			
Ar	e you comfortable spe	aking in public? [ ] Yes [	] No			

Do you feel you would do well working with a team? [ ] Yes [ ] No
What characteristics do you have that make you a team player?
Are you comfortable asking for donations and participating in fundraising events? [ ] Yes [ ] No
Do you handle stress well? [ ] Yes [ ] No
If "Yes", please describe how you handle stress:
How do you react in embarrassing situations?
DOG EXPERIENCE:
What dog experience do you have? Please include information about breeds, ages, and any training experience you have

## LIFESTYLE:

How would you describe yourself? [ ] Introvert [ ] Extrovert					
How do you anticipate participating in the ADEPT program would change your life and lifestyle?					
What are your hobbies and interests?					
Are you involved in any volunteer or extra-curricular activities? [ ] Yes [ ] No					
Please list and note how many hours per week you spend doing each activity:					
Do you work during the school year? [ ] Yes [ ] No					
If "yes", where, approximately how many hours do you work per week and do you think you could bring a dog with you?					
What kind of time commitment do you expect to make to this program each week?					

Please describ	oe your activity	y level (low, moderate	, high)	and explain:		
	•	ding on your living situa with you and/or act as a		•		•
NOTE: ANSWE	R THE FOLLO	OWING QUESTIONS FO	OR YOU	IR SCHOOL	ADDRESS.	
Do you have h	nousing for the	Fall 2019-Spring 202	0 scho	ol year? [	] Yes [	] No
Will you live in	a []Hous	e [ ] Apartment	[]0	ther		
Who is the lan	dlord?					
What is the ad	ldress:					-
Are dogs allov	ved in this hou	using? [ ] Yes [	] No ( <i>ii</i>	<sup>f</sup> no, please e	explain):	
		ve? ( <i>Check all that ap</i> s [] Spouse [		nates [ ]	Other:	
How many peo	ople will you b	e living with?		-		
		nat will be living there? the table under Household			0	
•		renting a room in a hool year? [ ] Yes		rith other AD	EPT interns	s for the
Does/Will you	r home have:	[ ] Fenced Yard	[ ] En	closed Area	[ ] Neit	her
Are you, or an	yone you plar	on living with, a smol	ker?	] Yes [	] No	
HOUSEHOLD	PETS:					
	ntly have any ] Yes []N	other animals living i lo	n your	home (scho	ool and/or pe	ermanent
Species (dog, cat, bird, etc.)	Breed	Does this animal live at your school or permanent address?	Age	Gender	Spayed/Neu (if no, why	

<sup>\*</sup>Use additional page if necessary

Pawsitive Perspectives Assistance Dogs reserves the right to terminate, or exclude, participation in the ADEPT program if it can be determined that the student's special circumstances or requirements could result in the unsafe handling of the dog or may cause undue hardship, personal injury to the handler or endanger the safety of the general public.

#### **ANTI-DISCRIMINATION CLAUSE**

It is the policy of Pawsitive Perspectives Assistance Dogs to extend equal consideration and treatment to all persons regardless of race, color, national origin, religion, creed, gender, sexual orientation, marital status, age, or physical or mental disabilities or medical conditions.