PLEASE TYPE OR PRINT NEATLY. ALL FIELDS MUST BE COMPLETED.
CONTACT INFORMATION MAY BE POSTED TO THE ADI WEBSITE.

Organization: Year Founded:

Executive Director (or equivalent):

Executive Director's Phone: Ext.

Executive Director's Email:

Contact Person:

Physical Address:

Mailing Address: ☐ Same as Physical

Organization Phone: Fax:

TDD (if applicable): Toll Free (if applicable):

Email:

Website:

If you do not yet have a website, please confirm if it is "In development" above.

Facebook:

Other Social Media:

APPLICATION QUESTIONS

GENERAL

1. Please describe the reasons why the organization seeks to become an Aspiring Organization Member of ADI.

2. Does your organization have a Business Plan approved by your Board of Directors/Trustees?

3. What is the current status of your organization's application for charitable/nonprofit status?

4. Does your organization have any formal affiliation with, or staff overlap with, a for-profit business? If yes, please describe.

5. Please list all geographical areas served by the organization:

6. How many paid staff members are in your organization?

Full-time: Part-time:

7. How many volunteers are active in your organization (approximately)?

Volunteers:

DOG TRAINING

8. Please check the types of dogs your organization currently trains or plans to train:

☐ Service ☐ Hearing ☐ Guide ☐ Facility ☐ Social/Companion

Other:

Types of Service Dogs:

☐ Mobility ☐ Seizure ☐ Psychiatric ☐ PTSD

☐ Autism ☐ Diabetic ☐ Medical Alert

Other:

9. How many dogs has your organization placed in total to date? If no dogs have been placed yet, enter 0.

Mobility:		Hearing:		Guide:	
Facility:		Seizure:		Psychiatric:	
PTSD:		Autism:		Diabetic:	
Companion:		Other:			

10. How many dogs does your organization currently have in training?

Dogs in training:

11. How many dog trainers (staff and/or volunteers) do you have working with the dogs? What are their qualifications and experience, and do they take part in professional development activities?

12. Briefly describe your organization's current stage of development and your timeline or plan for assistance dog placements.

13. Does your organization have, or is it currently developing, a training methodology? Briefly describe your approach, including humane, evidence-based, least-intrusive methods.

14. Are your organization's clients responsible for any fees and/or fundraising for your organization?

☐ Yes ☐ No

If YES, please explain the requirements and process:

15. What training equipment does your organization permit trainers, volunteers, and clients to use? Does your organization explicitly prohibit shock collars, prong collars, and fully-chain collars?

16. What other information would the organization like ADI to consider in reviewing your Aspiring Organization Application?

ATTESTATION

By signing below, the signers attest on their own behalf and on behalf of the organization:

- All information provided in this Aspiring Organization Application and ALL required documentation and materials are true and correct.
- I have read and understood the ADI Summary of Standards, and I understand that as an Aspiring Organization, we are expected to work toward compliance with ADI Standards.
- I understand that if the organization's Aspiring Member status is revoked for any reason, all support from ADI will immediately cease.
- I understand that if the organization's Aspiring Member status is revoked for any reason, all mention of ADI affiliation in the organization's materials, website, and any other public documentation must be immediately removed.
- I understand that if the organization's Aspiring Member status is revoked, the organization will be eligible for re-application no sooner than two years after revocation.
- I understand that all fees of any type paid to ADI are non-refundable.

Signature · Executive Director: **Date:**

Signature · Board President: **Date:**

Board President Name (please print):

Board President Phone Number:

Board President Email Address:

The Aspiring Organization Application Packet, ALL required documentation, and $250 USD nonrefundable processing fee must be completed and sent electronically to:

In Europe: Steph Atkin, ADEu Development Coordinator: steph@assistancedogsinternational.org

All other regions: Gabi Silva, Operations Specialist: gabi@assistancedogsinternational.org