



Phone: 888.987.2188
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Guiding Eyes for the Blind Student Application

We are pleased that you've chosen to apply with Guiding Eyes for the Blind. We're dedicated to finding an ideally matched dog for you based on a deep understanding of your lifestyle. We design our training programs around your individual needs. Information requested includes your contact details, history of Orientation & Mobility Training plus any Guide Dog training, a description of your routine travels, and more. Your thorough completion of this application will help us determine if a Guiding Eyes guide dog is the right choice for you and how we can best work with you to achieve your goals, thank you!

Legal Name:

First: _____

Middle: _____

Last: _____

Please provide a phone number for the Admissions Department to contact you if there is a question regarding the application:

Number: _____

Please review our eligibility requirements below:

1. You are legally blind
2. You are over 16 years of age (Please note you can apply earlier as long as you will be turning 16 during the application process)
3. Live in the United States, Canada or Puerto Rico (residents of other countries should visit the International Guide Dog Federation)
4. You have had Orientation and Mobility training
5. You walk outdoors regularly, unaccompanied and independently using a white cane or guide dog
6. You can be responsible for the care of a dog

Choose option below:

- I have read and understand the eligibility requirements listed above and would like to proceed with the application.
- I am unsure about my eligibility and would like a member from the Admissions Department to contact me at the number I provided on this form.

Discrimination and Privacy Statement

Guiding Eyes for the Blind, Inc. does not discriminate against any applicant for admission to our guide dog programs based on race, religion, color, national origin, ancestry, age, marital status, gender or any other factor prohibited under local, state, or federal laws. Providing race and/or ethnicity information is optional and used for statistical purposes only. As part of the application process, Guiding Eyes for the Blind, Inc. may conduct reference and criminal background checks on all applicants. Contact the Admissions Department if you would like to provide us with background information that will assist in these areas. Any information collected during the application process will be kept confidential.

I have read and understand the Non-Discrimination and Privacy Statement.

Tell us about yourself: _____

Contact Information

Home Address

Street: _____

City: _____

State: _____ Zip: _____

Home Phone:

Work Phone:

Cell Phone:

Preferred Phone:

Personal Email:

Work Email:

Preferred Email:

Emergency Contact, please provide name, relationship, and preferred phone number:

Who/What influenced you most in deciding to apply to GEB?

How do you prefer to receive written communications? (Email, Large Print, Braille, Print)

First Choice:

Second Choice: _____

Personal Information

If you have ever changed your name, please list prior name(s):

Nickname: _____

Birthdate (mm/dd/yyyy): _____

Have you served in the Military? Yes No

If yes, what branch and how many years have you served?

Do you have low vision? Yes No

If yes, please describe: _____

Please describe any volunteer work and/or clubs or organizations you are actively involved with:

Do you have any pets in your household? Yes No

Do you share your dwelling with other people? Yes No

If yes, number of children and/or adults that live at your residence and their ages:

Is there anyone in your life that you are concerned will not be supportive of your goal of getting a guide dog? If so, please explain.

References

Please provide contact information for your Orientation and Mobility instructor so that we can contact them as a reference. (If you have not worked with them in the past 5 years, this section is optional.)

Organization: _____

Address: _____

Instructor: _____

Instructor Email Address: _____

Instructor Phone: _____

Training Dates: _____

Personal Reference 1

Name: _____

Relationship: _____

Email Address: _____

Phone Number: _____

Personal Reference 2

Name: _____

Relationship: _____

Email Address: _____

Phone Number: _____

Have you ever applied for or received a guide dog from Guiding Eyes for the Blind?

- Never applied to Guiding Eyes for the Blind
- Applied and received a guide dog from Guiding Eyes for the Blind
- Applied previously to Guiding Eyes for the Blind, did not receive a guide dog

Have you ever applied to or received a guide dog from another Guide Dog School? Yes No

If yes, please provide us with the school name.

Name of School 1: _____

Did you graduate?

If yes, please describe your history.

Name of School 2: _____

Did you graduate?

If yes, please describe your history.

Name of School 3: _____

Did you graduate?

If yes, please describe your history.

Current Travel in Home Area

Please provide us with descriptions of up to three routes you travel most frequently.

Route 1:

Destination (ex: grocery store, leisure, community activities, school, work, etc.):

When you travel this route, do you travel:

- Alone
- With Someone

How often do you travel this route per week? (ex: daily, 2x/week, weekends only, etc)

Describe the travel route: (ex: sidewalks, stop sign or lighted intersections, rural, college campus, residential, town, city etc.)

Transportation Used during this route (walk only, car, paratransit, bus, train, subway, ferry, plane, etc....)

Route 2:

Destination (ex: grocery store, leisure, community activities, school, work, etc.):

When you travel this route, do you travel:

- Alone
- With Someone

How often do you travel this route per week? (ex: daily, 2x/week, weekends only, etc)

Describe the travel route: (ex: sidewalks, stop sign or lighted intersections, rural, college campus, residential, town, city etc.)

Transportation Used during this route (walk only, car, paratransit, bus, train, subway, ferry, plane, etc....)

Route 3:

Destination (ex: grocery store, leisure, community activities, school, work, etc.):

When you travel this route, do you travel:

- Alone
- With Someone

How often do you travel this route per week? (ex: daily, 2x/week, weekends only, etc)

Describe the travel route: (ex: sidewalks, stop sign or lighted intersections, rural, college campus, residential, town, city etc.)

Transportation Used during this route (walk only, car, paratransit, bus, train, subway, ferry, plane, etc....)

Additional Questions

Please describe how a guide dog would impact your life:

Explain any concerns you may have about working with a guide dog:

Other Information:

Running Guide Training: Designed for active individuals who would like to be able to use their guide dog for exercise runs in their home environment. This training is an add-on to our other programs. To qualify for this program, you need to complete basic guide dog training through one of our other programs. In addition, you must have access to a safe and straight forward route that you are in the habit of using on a regular basis.

I am an active runner and am interested in the potential of running with a guide dog.

There is no cost to our training program. Graduates can expect to pay \$80-\$100 per month in dog food costs. We provide a stipend to every graduate of \$500 per calendar year to cover basic veterinary care for their working guide dog (this does not apply to retired guide dogs). Graduates are responsible for veterinary costs that exceed this stipend. Keep in mind that, like people, most dogs require more veterinary care as they age.

In addition to this application, you will be required to complete a medical form and vision form. The vision form is only required for first time applicants. Returning graduates will not need to complete the vision form a second time. The medical form is valid for one year.

It is important that you return any additional forms to us as soon as possible so that we can present your application to the Admissions Committee for review.

Completing this application places neither Guiding Eyes for the Blind, Inc. or yourself under any obligation. Any applicant denied admission may appeal the decision through our appeals process or subsequently reapply.

Please sign and date that you have read and understand the statement noted above.

Signature: _____

Date: _____

If you have any questions, please feel free to contact the Client Experience Team at 888-987-2188 or e-mail admissions@guidingeyes.org.

Thank you and we look forward to working with you!

Please sign the Release of Information as outlined below. This form is required by Other Guide Dog Schools (if attended) and Orientation and Mobility Instructors before they can release reference information pertaining to your history.

Release of Information

I, _____, do consent and authorize you to honor Guiding Eyes for the Blind’s request for any professional service information which you may have that is based upon your knowledge of me.

This information is necessary to support my application for training with a guide dog, it will enable Guiding Eyes for the Blind to better understand my situation and evaluate my eligibility for its services.

Signature: _____

Date: _____