**R.W.B. DOG T.A.G.S. PARTICIPANT APPLICATION**

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| **Application must be complete, have a referral from the VA or Wounded Warrior Project and be emailed back to:** [**rwbdtags@outlook.com**](mailto:rwbdtags@outlook.com) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | **First** | | | | | | |  | | | | | | | | | | | | | | | **M.I.** | | | | |  | | | | | | | **Date** | | | | |  | | | | | | | |
| **Street Address** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Apt/Unit #** | | | | | | | | | | | | | |  | | | | | | | | | | |
| **City** | | | | | | |  | | | | | | | | | | | | | | | | | | | **State** | | | | | | |  | | | | | | | | | | | | | | | **ZIP** | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **Phone** | | | | | | |  | | | | | | | | | | | | | | | | | | | **E-mail Address** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Contact** | | | | | | | | | |  | | | | | | | | | | | | | | | | **Phone** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MILITARY SERVICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Branch** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **From** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **To** | | | |  | | | | | | | | | |
| **MOS** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Type of Discharge** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **If other than honorable, explain** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Deployment History** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **EMPLOYMENT HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **From** | | | | | | | | | | |  | | | | | | | | | | | | **To** | | | | | | |  | | |
| **Address** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Phone** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Job Title** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Supervisor** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Responsibilities** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Company** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **From** | | | | | | | | | | |  | | | | | | | | | | | | **To** | | | | | | |  | | |
| **Address** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Phone** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Job Title** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Supervisor** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Responsibilities** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MEDICAL CONDITIONS AND TASKS REQUIRED FOR A SERVICE ANIMAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there children in the home?** | | | | | | | | | | | | | **No** | | | | |  | | | | | | **Yes** | | | | | |  | | | | | | | **Age(s)** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other people living in the home?** | | | | | | | | | | | | | | **No** | | | | |  | | | | | | | | **Yes** | | | | | | | |  | | | | | | | | | **If yes, list below** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Name** | | | | | | | | | | | | | | | | | | | | **Age** | | | | | | | | | | **Relationship** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **Are there other pets in the home?** | | | | | | | | | | | | | | | | **No** | | | |  | | | | | **Yes** | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Specify number, type, age** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of home?** | | | | | | | | **House** | | | |  | | | | **Apartment** | | | | | | |  | | | | | **Condo** | | | | | | | |  | | | | | | **Townhome** | | | | | | | |  | | | | | | | | | **Other** | | | | |  | | | | | | | |
| **Does anyone in the home smoke?** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does anyone in the home use drugs?** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you ever been convicted of a felony?** | | | | | | | | | | | | | | | | | | | | | | **No** | | | | | | | | | | | |  | | | | | | | | | | | **Yes** | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| **If yes, explain** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you ever been investigated for animal cruelty or neglect by a humane organization?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |  | | | | | | | **Yes** | | | |  | | | | |  | | | | | | |
| **If yes, explain** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three personal / professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Phone** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Phone** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Phone** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **DISCLAIMER AND SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the program, I understand false or misleading information on my application and/or interview may result in my release. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |