**Camp GDB**

**July 24-28, 2023**

**Participant Application Form**

**PLEASE NOTE:** Applications are **DUE** on or before April 1, 2023. Applications received after this date will be put on a wait list.

Camp GDB is **FREE** and open to participants who meet the following criteria:

* Blind or visually impaired and considering a guide dog for mobility
* Self-sufficient with daily living skills i.e., dressing, bathing/showering, eating, toileting etc.
* Be physically capable of fully participating in all aspects of our Camp GDB program, including working a guide dog, managing a dog for an overnight experience, a hike, etc.
* Have the emotional readiness and maturity required to attend a residential summer camp program.
* have sufficient Orientation & Mobility skills and can independently travel around the camp facility.

**\*\*\*Please type or print with black ink**

Participant’s Full Name:

Mailing Address:

City, State, Zip:

Cell Phone Number:

Parent’s cell phone number:

Email address:

Parent’s Email address:

Preferred pronoun (optional):

Ethnicity (optional):

Age & date of birth:

Primary language spoken:

Has the participant attended Camp GDB before?

Yes\_\_\_ No\_\_\_

If yes, what year(s)?

Is the participant legally blind?

If visually impaired, please describe their functional vision:

Cause of visual impairment:

Has the participant ever had an alcohol or substance abuse problem? Yes\_\_\_ No\_\_\_

Has the participant ever been convicted of a felony (Indictable offense)? Yes\_\_\_ No\_\_\_

**Other Health Conditions (*Please mark all that apply):***

\_\_\_\_ Cerebral Palsy

\_\_\_\_ Multiple Sclerosis

\_\_\_\_ Diabetes

Type of diabetes:

\_\_\_\_ Epilepsy

Date/type of last seizure:

\_\_\_\_Traumatic brain injury (please describe):

\_\_\_\_ Cognitive / Developmental Disability (please

describe functioning level, living skills, etc.):

\_\_\_\_ Mental Health History:

\_\_ Anxiety

\_\_ Depression

\_\_ Autism spectrum

\_\_ Attention Deficit Disorder or Hyperactivity (please

describe):

\_\_\_\_ Is there anything else that would be helpful for us to

know about the Participant? (please describe):

**Please describe how the participant might react to the following:**

Unexpected change:

Loud noises:

Not having a consistent routine:

**Can the participant:**

Participate in walks up to an hour in length?

Yes \_\_\_\_ No \_\_\_\_

Swim independently in a pool of 3-foot depth?

Yes \_\_\_\_ No \_\_\_\_

Swim independently in a pool of 6-foot depth?

Yes \_\_\_\_ No \_\_\_\_

Swim independently without a flotation device?

Yes \_\_\_\_ No \_\_\_\_

Does the participant have any food allergies?

Yes \_\_\_\_ No \_\_\_\_

If yes, please list the specific foods:

Is the participant on a special diet?

Yes \_\_\_\_ No \_\_\_\_

If yes, please indicate any dietary restrictions/needs:

Is the participant currently using a mobility aid?

Yes \_\_\_\_ No \_\_\_\_

 If yes, please indicate what kind of mobility aid is

currently being used:

How does the participant prefer to receive printed material?

\_\_\_\_ Standard print

\_\_\_\_ Large print

\_\_\_\_ Braille

\_\_\_\_ Electronic

Participant’s unisex T-shirt size:

\_\_\_\_XS \_\_\_\_S \_\_\_\_M \_\_\_L \_\_\_\_XL \_\_\_\_XXL

**Please include the following with the participant’s application:**

* An essay written by the participant titled “Why I want to attend Camp GDB”
* A recent picture of participant

**Please return completed application to GDB’s Youth Outreach Specialist Jane Flower by at** **jflower@guidedogs.com****, or by mail at:**

**Guide Dogs for the Blind, attention Jane Flower**

**350 Los Ranchitos Road, San Rafael, CA 94903**

Thank you for completing the Camp GDB participant application form! You will receive an email confirming that we have received your application, at which time we will be asking for available dates/times to set-up a phone conversation so that we can gather some additional information and you can ask any questions you might have. We look forward to reviewing your application and next steps!