**Application for O&M Immersion Program**

Please provide your answers after each colon where applicable.

**Contact Information**

First name:

Middle name:

Last name:

Date of birth:

Street address:

City:

State, province, or region:

ZIP or postal code:

Country:

Mailing address, if different from above:

Home phone:

Cell phone:

Work phone:

E-mail address:

Have you ever applied to Guide Dogs for the Blind before? Yes or no:

If yes, when:

Are you a veteran? Yes or no:

Have you ever had an alcohol or substance abuse problem? Yes or no:

Have you ever been convicted of a felony? Yes or no:

*Guide Dogs for the Blind will consider applications from individuals with felony convictions on a case-by-case basis.*

**Personal and Health Information**

Year in which you were declared legally blind:

*Legal blindness is defined as visual acuity of 20/200 or worse or a field restriction of 20 degrees or less in both eyes.*

What is the cause of your blindness?

Aside from blindness, please list any other physical disabilities:

**Rehabilitation Training**

Have you received Orientation and Mobility (O&M) training? Yes or no:

If yes, please indicate when your training was completed. Was it within the last year, one to five years ago, or more than five years ago:

**Travel Practices**

Do you currently use a mobility aid? Yes or no:

If yes, please indicate what type of mobility aid you use:

Have you previously had a guide dog? Yes or no:

If yes, please list dates of service:

From which organization(s) did you receive your previous guide(s)? Please indicate the specific name of the school—Guide Dogs for the Blind, The Seeing Eye, Leader Dogs, The Guide Dog Foundation, Guiding Eyes, Pilot Dogs, Guide Dogs of America, or Other:

Do you cross streets without the assistance of other people? Yes or no:

On average, how many blocks you walk independently every day:

Although it is not required that you have established routes for the Immersion Program, please list any routes that you do travel independently here for our reference. If you have addresses for the destinations, please include that information. Example: Home to Joe's Café at 1000 A Street

Destination 1:

Destination 2:

Destination 3:

##### Optional Question Used For Statistical Purposes

What is your ethnic background? Please indicate African American, Asian, Caucasian, Native American, Latino/Hispanic, Other, or Decline to State:

*Guide Dogs for the Blind, Inc. does not discriminate against any applicant for admission to our O&M Immersion Program based upon race, religion, color, national origin, ancestry, age, marital status, gender, or any other factor prohibited under local, state or federal laws. Any applicant denied admission to the O&M Immersion Program may subsequently reapply and be reconsidered without prejudice.*

List your preferred way to receive information in order of preference. Options are Print, Large Print, e-mail, Braille:

**Next Step**

The next step will be a phone consultation with a member of our team. Estimated time to complete the consultation is approximately 60 minutes. Please provide the best date and time to reach you for a phone consultation:

**Immersion Program Understanding**

The O&M Immersion is a six-day residential training program that requires sustained cognitive, physical, emotional, and social functioning. Clients must be reasonably independent and demonstrate average tolerance to dormitory life. Do you think you can cope with the stress of being in a new group environment along with learning and applying O&M skills for this time period? (Yes or No):

I understand that completing this form places neither me nor Guide Dogs for the Blind under any obligation, but assists Guide Dogs for the Blind in determining my eligibility for the O&M Immersion.

Guide Dogs for the Blind, Inc. does not discriminate against any applicant for admission to the Guide Dog program based upon race, religion, color, national origin, ancestry, age, marital status, gender, or any other factor prohibited under local, state or federal laws. Any applicant denied admission may subsequently reapply and be reconsidered without prejudice.

I hereby declare that the information given above is accurate to the best of my knowledge.

I agree (Yes or No):

**Please submit completed application to:**

**Guide Dogs for the Blind
ATTN: Admissions Department
P.O. Box 151200
San Rafael, CA 94915**