**Careers & Canine Connections**

**August 9-14 2024**

**Participant Application Form**

**PLEASE NOTE: Deadline has been extended.** Applications are **DUE** on or before May 1, 2024. Applications received after this date will be put on a wait list.

Participant’s Full Name:

Mailing Address:

City, State, Zip:

Cell Phone Number:

Email address:

Preferred Method of Correspondence: \_\_\_Email \_\_\_Phone

Emergency Contact Full Name:

Cell Phone Number:

Email Address:

Has the participant attended any programs through Guide Dogs for the Blind or the American Printing House Career Connect program?

\_\_\_Yes \_\_\_ No

If yes, which program(s) / year(s)?

**Personal & Health Information:**

Age & date of birth:

Gender:

Participants Preferred Pronoun (optional):

Ethnicity (optional):

Primary Language Spoken:

Has the participant been declared legally blind?

\_\_\_Yes \_\_\_ No

Cause of visual impairment:

If partially sighted, please describe the participant’s functional vision:

Does the participant have physical limitations such as neuropathy or problems with balance?

\_\_\_Yes \_\_\_No

If yes, please describe:

Does the participant have any cognitive, emotional, behavioral or psychological limitations?

\_\_\_Yes \_\_\_No

If yes, please describe:

Does the participant see a mental health professional for emotional or psychological limitations?

\_\_\_Yes \_\_\_No

Does the participant have a seizure disorder?

\_\_\_Yes \_\_\_No

If yes, date of last seizure?

Does the participant have hearing loss?

\_\_\_Yes \_\_\_No

If yes, please describe:

Left ear: \_\_\_Mild \_\_\_Moderate \_\_\_Severe

Right ear: \_\_\_Mild \_\_\_Moderate \_\_\_Severe

Does the participant require assistance with their medications and/or medical condition?

\_\_\_Yes \_\_\_No

If yes, 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:

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

Is there anything else that would be helpful for us to know about the Participant? (please describe):

How does the participant prefer to receive printed material?

\_\_\_\_ Standard print

\_\_\_\_ Large print

\_\_\_\_ Braille

\_\_\_\_ Electronic

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

* An essay written by the participant titled “Why I want to attend “Careers & Canine Connections” Include your career interests and why you are interested in getting a guide dog?
* A recent picture of the participant

I understand that completing this form places neither myself nor Guide Dogs for the Blind under any obligation for services. This information is only intended to assist Guide Dogs for the Blind in determining my eligibility for Camp GDB.

I acknowledge that the above information is true and that any falsified information may result in denial of participation.

Participant Signature:

Date:

Thank you for completing the Careers & Canine Connections 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!