APPLICATION FOR SUMMER EXPERIENCE CAMP
Sunday, June 26–Saturday, July 2, 2022

DEADLINE: FRIDAY, APRIL 1, 2022

APPLICATION REQUIREMENTS

- ☐ **Legally Blind**
- ☐ **16 or 17 during camp timeframe**
- ☐ **Self-care skills including the ability to administer own medications**

CHECKLIST

For your application to be reviewed and approved, all items below must be submitted on or before the deadline.

- ☐ **Application for Summer Experience Camp**
- ☐ **Video**
- ☐ **Essay**
- ☐ **Consent to Release Information**
- ☐ **Medical History/Physical Exam**
- ☐ **Vision Evaluation**
- ☐ **Personal References**

LEADER DOGS FOR THE BLIND

P.O. Box 5000 | Rochester Hills, Michigan 48308

888.777.5332 | 248.651.9011 | Fax: 248.601.3230

Email: clientservices@leaderdog.org | LeaderDog.org

Our mission is to empower people who are blind or visually impaired with lifelong skills for safe and independent daily travel.

APPLICATION FOR SUMMER EXPERIENCE CAMP 2022

Sunday, June 26–Saturday, July 2, 2022

PLEASE PRINT OR TYPE

HOME AND LIVING ENVIRONMENT

Date _____ Full Name _____

Maiden Name _____ Preferred Name _____

Address _____

City _____ State _____ Zip _____

County _____ How long at current address? _____

Do you anticipate a move within the next year? _____

Parent/Guardian Phone _____ Applicant Phone _____

Circle one: home cell work *Circle one: home cell work*

Parent/Guardian Email Address _____

Applicant Email Address _____

What is your preferred method of corresponding with us: ☐ Telephone ☐ Email

Emergency Contact Name _____

Emergency Contact Phone _____ Relationship _____

CAMP SPECIFIC DETAILS

Participants receive a t-shirt; please indicate your desired size _____

Are you allergic to dogs? ☐ Yes ☐ No

If yes, explain _____

NOTE: A short essay (1 page) titled "*My Three-Year Plan*" must be submitted with your application.

PERSONAL AND HEALTH INFORMATION

Age _____ Date of Birth _____ Gender _____ Weight _____ Height _____

Cause of Blindness _____ Age at loss of sight _____

Do you have vision in your right eye? ☐ Yes ☐ No

If yes, describe _____

Do you have vision in your left eye? ☐ Yes ☐ No

If yes, describe _____

Does your vision fluctuate? ☐ Yes ☐ No

If yes, describe _____

Do you have physical limitations such as neuropathy, balance? ☐ Yes ☐ No

If yes, describe _____

_____

Do you have any cognitive, emotional, behavioral or psychological limitations? ☐ Yes ☐ No

If yes, describe _____

Do you see a mental health professional for emotional or psychological limitations? ☐ Yes ☐ No

If yes, provide their name, address and phone number _____

_____

_____

Do you have hearing loss? ☐ Yes ☐ No

If yes, describe _____

Left ear ☐ Mild ☐ Moderate ☐ Severe Right ear ☐ Mild ☐ Moderate ☐ Severe

If you are Deaf-Blind, what is your primary form of communication? _____

_____

Do you use the assistance of a caretaker/caregiver? ☐ Yes ☐ No

If yes, explain _____

Do you require assistance with your medications or medical conditions? ☐ Yes ☐ No

If yes, explain _____

Add Daily Medical details below:

MEDICATION	**DOSAGE**	**TIME TAKEN** *(Ex. Morning, before lunch, before bed)*	**DELIVERY METHOD** *(Ex. Drops, injection, nasal mist, pill)*

Attach additional page if needed

Do you have any food allergies or special dietary requirements? _____

If yes, please list _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Leader Dog reserves the right to conduct a background investigation on applicants. A felony conviction does not necessarily result in denial of services, however, the nature of a felony conviction will be taken into consideration should it pose a threat to the safety of Leader Dog employees, clients, dogs and/or the general public.

TRAVEL SKILLS AND TRAVEL ENVIRONMENT

Have you attended a vocational or rehabilitation center for the blind? ☐ Yes ☐ No

If yes, when and where did you attend? _____

_____

Do you plan to attend a vocational or rehabilitation center for the blind? ☐ Yes ☐ No

If yes, explain _____

_____

Do you use low vision aides? ☐ Yes ☐ No

If yes, explain _____

Have you completed or are you currently completing Orientation & Mobility training?

☐ Yes ☐ No If yes, please complete the following:

Date training was completed or expected to be completed _____

Name of agency or instructor _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

How far do you walk on a daily basis? _____

Do you travel with a long cane? ☐ Yes ☐ No With a human guide? ☐ Yes ☐ No

Other mobility devices you use _____

_____

How often do you walk outside independently? _____

Do you cross streets independently? ☐ Yes ☐ No

How do you determine traffic direction? _____

_____

Does your travel area involve: (Check all that apply)

☐ City	☐ Sidewalks	☐ Gravel Roads
☐ Residential	☐ No Sidewalks	☐ Gravel Shoulder
☐ Country	☐ Broken Sidewalks	☐ Hard Surface w/No Shoulder or Sidewalks
☐ School/Campus	☐ Escalators	

Are your traffic conditions ☐ Heavy ☐ Moderate ☐ Light

Which describes your methods of travel on a daily basis: (Check all that apply)

☐ On Foot ☐ Bus ☐ Dial-a-Ride ☐ Private Transportation ☐ Subway ☐ Cab ☐ Train

Additional information or description of areas you travel _____

_____

_____

_____

GUIDE DOG EXPERIENCE

Is it your desire to utilize a guide dog in the future? ☐ Yes ☐ No

Have you previously used a guide dog? ☐ Yes ☐ No If yes, give summary of training and how many dogs you have worked with in the past, school(s) attended, and when _____

_____

_____

REFERRAL SOURCE

How did you hear about Leader Dog? ☐ I am a returning client ☐ From a Leader Dog Graduate

☐ Internet ☐ Medical Professional ☐ Lions Club ☐ Attended Conference

☐ Agency ☐ Other _____

Please provide details (i.e. name of conference or agency) of your referral source _____

_____

Did a Lions Club assist you with this application? ☐ Yes ☐ No

If yes, how did they assist? _____

Please provide the name of the assisting club and contact information so we can thank them

_____

PERSONAL REFERENCES Please list below any persons to whom you are well known (not immediate family). Three references are needed. **To prevent a delay in processing, please provide up to six persons to whom you are well known.**

Name _____ Street Address _____

City/State/Zip _____Phone (____)_____E-mail_____

Name _____ Street Address _____

City/State/Zip _____Phone (____)_____E-mail_____

Name _____ Street Address _____

City/State/Zip _____Phone (____)_____E-mail_____

Name _____ Street Address _____

City/State/Zip _____Phone (____)_____E-mail_____

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

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

I am knowledgeable of the fact that Leader Dogs for the Blind assumes no liability in case of accident during my training period. I hereby release Leader Dogs for the Blind, its officers and employees from any such liability.

Applicant (or Guardian) Signature _____ Date _____

Witnessed by _____ Date _____

DEADLINE FOR ALL APPLICATION MATERIALS IS FRIDAY, APRIL 1, 2022