

APPLICATION FOR TEEN SUMMER CAMP

Sunday, June 22–Saturday, June 28, 2025

DEADLINE: FRIDAY, APRIL 4, 2025

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 Teen Summer Camp
- Video
- Essay
- Waiver, Release of Liability, Indemnity and Consent to Release Information
- Medical History/Physical Exam
- Vision Evaluation
- Personal References



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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 TEEN SUMMER CAMP 2025
Saturday, June 22–Saturday, June 28, 2025
PLEASE PRINT OR TYPE

HOME AND LIVING ENVIRONMENT

Date _____ Full Name _____

Former Name (if applicable) _____ Preferred Name _____

Preferred Pronouns _____ What gender do you identify as? _____

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 _____ 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 <i>(Ex. Morning, before lunch, before bed)</i>	DELIVERY METHOD <i>(Ex. Drops, injection, nasal mist, pill)</i>

****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

If yes, please provide details of the nature of the crime and when the conviction occurred.

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 _____

On average, 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)

- | | | |
|--|---|--|
| <input type="checkbox"/> City | <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Gravel Roads |
| <input type="checkbox"/> Residential | <input type="checkbox"/> No Sidewalks | <input type="checkbox"/> Gravel Shoulder |
| <input type="checkbox"/> Country | <input type="checkbox"/> Broken Sidewalks | <input type="checkbox"/> Hard Surface w/No Shoulder or Sidewalks |
| <input type="checkbox"/> School/Campus | <input type="checkbox"/> 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

Leader Dog Social Media Platform Leader Dog Virtual Event 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 four persons to whom you are well known.**

Name _____ **Relationship** _____

Phone (_____) _____ E-mail _____

Name _____ **Relationship** _____

Phone (_____) _____ E-mail _____

Name _____ **Relationship** _____

Phone (_____) _____ E-mail _____

Name _____ **Relationship** _____

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
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