

UWIN 2010 – JUNE 6TH TO JULY 23RD
STUDENT APPLICATION

Student's Name _____ **Social Security #** _____
Address _____ **Zip** _____

Birthdate _____ **Age** _____ **Home Phone** _____

School & Grade _____ **District** _____
Teacher/VI Teacher/Counselor _____ **Phone** _____

Mother's Name _____ **Phone** _____
Employer _____ **Work phone** _____

Father's Name _____ **Phone** _____
Employer _____ **Work phone** _____

EMERGENCY CONTACT INFORMATION

Legal Guardian (if other than parent) **Names** _____
Phone _____
Address _____ **ZIP** _____
Mr. / Employer _____ **Phone** _____
Mrs. / Employer _____ **Phone** _____

Emergency Contact (other than parent) _____ **Phone** _____
Alternate phone numbers _____ **Relationship to Student** _____

Alternate Contact _____ **Phone** _____
Alternate phone numbers _____ **Relationship to Student** _____

GENERAL INFORMATION

Vision

Define your visual impairment _____
Other disabilities _____

Academic Skills & Communication

Describe your overall school performance, particularly in reading, math, computer, keyboarding

Describe communication methods (Braille, large print, low vision aids, etc.) and any adaptive equipment you use _____

What is your level of proficiency in this communication method? _____

Orientation & Mobility

Describe your Orientation & Mobility training. _____

How do you travel in familiar environments? Visual ___ Cane ___ Sighted guide ___ Dog ___

Describe your level of independent travel (independence in unfamiliar environments, use of public transportation, etc. _____

How quickly do you learn new routes? _____

Daily Living

Describe your experience in performing the following activities. Do you do them with or without assistance?

Prepare simple meals _____

Launder clothes _____

Grocery shop _____

Extracurricular Activities

What are your extracurricular interests, activities, hobbies, clubs & organizations, recreation?

Work Evaluation

Describe your work experience, including volunteer work _____

Summer jobs for high school students are generally found in one of the following areas. What would be your choices, in order of preference? 1=Most preferred 5=Least preferred

___ Clerical/Office

___ Food Service

___ Retail (store, market, etc)

___ Outdoor Work

___ Child Care/Nursery

___ Other (please specify)

HEALTH INFORMATION

Medical/Special Needs Information

Describe:

Medical considerations or conditions _____

Medications _____

Do you administer them independently? Yes ___ No ___

All medications must be in its original container.

Students must be able to self-administer all necessary medications.

Special accommodations you may need in order to participate in the UWIN program

Dietary restrictions _____

Allergies _____

AUTHORIZATIONS & PERMISSIONS

I give my permission for my son/daughter:

To participate in Saturday/Sunday recreational activities Yes _____ No _____

To travel with program staff or volunteers to UWIN activities Yes _____ No _____

I authorize the UWIN program and its sponsoring organizations:

To provide my son/daughter's school district and vocational counselor with information regarding his/her performance in the UWIN program Yes _____ No _____

To access data from the Division of Services for the Blind and Visually Impaired (DSBVI) files for anonymous, long-term research of employment rates for blind and visually impaired adults Yes _____ No _____

To use, reproduce, assign and/or distribute photos, films, videos, sound recordings, and written quotations of my son/daughter for use in materials that they may create or that may be created by radio, television, or new media Yes _____ No _____

To publish anecdotal information about my son/daughter in official UWIN publications Yes _____ No _____

Please initial: I understand that **any illegal activities** my son/daughter may engage in during participation in the UWIN program will be reported to the local police _____ (INITIAL)

Student Signature _____ Parent Signature _____

MEDICAL TREATMENT AUTHORIZATION

I give my consent, in the event that all reasonable attempts by the personnel of the Utah Work Introduction Network (UWIN) to contact me at the telephone numbers provided under EMERGENCY INFORMATION have failed, for the following medical procedures:

Student's Name _____

1. In the event of a medical emergency which, in the opinion of the attending physician, may endanger the student's life, cause disfigurement, physical impairment or under discomfort if delayed, the administration of any treatment deemed necessary by the licensed medical doctor or dentist; and
2. The transfer of the student to any hospital or other medical facility as reasonably necessary to treat the student; and
3. In the event of a medical emergency which, in the opinion of the attending physician, will NOT endanger the student's life, cause disfigurement, physical impairment or undue discomfort, this authorization does not cover major surgery unless recommended by the attending physician and two other licensed physicians concurring in the necessity for such surgery and, concurrences are obtained prior to the performance of such surgery.

I agree to accept responsibility for the payment of any medical care for the student which may occur during the UWIN summer work program.

Signature

Parent or Legal Guardian _____ Date _____

Home Phone _____ Work _____ Other _____

Medical Insurance Information

Name of insured _____

Insurance Carrier _____

Policy number _____ Telephone _____

LIABILITY WAIVER

1. I acknowledge that the purpose of the Utah Work Introduction Network (UWIN) is to provide training and preparation for job experience and to assist blind and visually impaired students in developing various skills, including independent living and recreation.

2. I further acknowledge that UWIN does not act as the guardian of the student and is not responsible for his/her conduct.

3. I agree to release and hold harmless Utah Industries for the Blind (UIB), the Utah Schools for the Deaf and the Blind (USDB), and the Division of Services for the Blind and Visually Impaired (DSBVI), their officers, employees and agents for any damage or injury to the student, myself, or to property arising out of, or in any way related to, activities of UWIN, whether caused by the negligence of UWIN or for any other reason.

4. I further agree to indemnify UIB, USDB, and DSBVI, their officers, employees and agents for any costs, fees, damages or expenses incurred by them for any injury to the student, myself or to property arising out of or in any way related to activities of UWIN and for the student, whether caused by the negligence of UWIN or for any other reason.

5. I agree that any dispute that may arise for any reason regarding the student's participation in the UWIN program will be submitted to binding arbitration for resolution if I am not able to resolve the dispute after diligently attempting to do so with UWIN personnel. I agree to pay half of the expense of said arbitration if it is required.

6. If any term or condition of this waiver is found to be illegal or unlawful by an arbitrator or court of law, only that particular term or condition will be considered to be null and void. The remaining terms and conditions of this waiver shall remain in full force and effect.

Signature

Parent or Legal Guardian _____ Date _____

PLEASE NOTE:

Dates of UWIN 2010 Program: June 6th through July 23rd.

Return Application to: UWIN Phone: (801) 269-0314
PO Box 1258
Salt Lake City, UT 84110

Applications *must* be postmarked by March 31th, 2010. Late applications will NOT be accepted.