

# We Thank You for Applying to The Employment 4 Life Camp – Summer 2023

Employment 4 Life is a week-long employment experience. This is where campers will test their skills for living independently, getting a job, and planning recreation.

At the camp we will have trained staff that are comfortable with a wide variety of disabilities and communication styles. We prepare hard to make sure each camper has an amazing experience.

We DO expect campers to be independent with toileting. We can offer verbal and visual prompts to use the bathroom, but we do not train our staff to help with wiping or change diapers. Campers who are routinely aggressive or engage in frequent dangerous behavior (such as running away or eating non-food items) may not be a good fit for our program. Our lengthy application asks for tons of information about your camper so that our counselors can help him or her to be successful at camp. If you have questions, we are happy to discuss your camper in more detail before you apply.

All information provided will be kept confidential. Unfortunately, we cannot take everyone that applies due to space and staff ratio. We do expect campers to be independent with toileting, and campers who are routinely aggressive or engage in frequent dangerous behaviors may not be a good fit for our program. Additionally, we may schedule in-person interviews to assure we can meet all camper needs.

**Camper Name\*** \_\_\_\_\_  
First Name Last Name

**Has Camper attended a Camp event before?\***  Yes  No

**Camper Date of Birth\*** \_\_\_\_\_  
Month Day Year

**Camper Sex\***  Male  Female

**Camper Address\*** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

**Camper Cell Phone\*** (\_\_\_\_) - \_\_\_\_\_

**Camper Email** \_\_\_\_\_

## Transition Services - Do you have the following services?

|                             | Yes                      | No                       | Not Sure                 | Need Help                |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Michigan Rehab Services     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community Mental Health PCP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bridge Card                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resume'                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\* Required

|  | <b>Yes</b>               | <b>No</b>                | <b>Not Sure</b>          | <b>Need Help</b>         |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Job Portfolio                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Security Check                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drivers License                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State ID                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Signed up for selective service (Men)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a paid job?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any job experience                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want employment in the near future? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Business Casual Clothing                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Last School Attended\*** \_\_\_\_\_

- Disability\***
- Autism
  - Intellectual/Cognitive Impairment
  - Visual Impairment
  - Learning Disabled
  - Emotional Impairment
  - Seizure Disorder
  - Cerebral Palsy
  - Hearing Impairment

Please leave any pertinent information or secondary disability here that you feel staff would need to know. \_\_\_\_\_

- Does Camper have any dietary restriction?**
- No Restrictions
  - Vegan
  - Lactose Intolerant
  - Vegetarian
  - Gluten Free
  - Other \_\_\_\_\_

Please list all of Camper's allergies (food, medication, etc.) and the reaction. \_\_\_\_\_

Please list all medications Camper takes and reason for taking. \_\_\_\_\_

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Please describe any general health conditions Camper has. \_\_\_\_\_

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Please describe any physical limitations Camper has. \_\_\_\_\_

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Does limitation require specific accommodations? Please describe. \_\_\_\_\_

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**In the following section, please check all statements that describe your Camper. Please answer thoroughly. This information will help us be prepared with the appropriate support(s) for your Camper.**

**Types a question**

|   | <b>Never</b>             | <b>Seldom</b>            | <b>Often</b>             | <b>NA</b>                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Uses complete sentences to communicate            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses 2-3 word phrases to communicate              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses single words to communicate                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses physical items they want/need to communicate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses pictures to communicate                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses word cards to communicate                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper can read basic safety signs                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper can read picture supported text            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper can read a daily schedule                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper can read independently                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can Camper ask for help                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | Never                    | Seldom                   | Often                    | NA                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Can Camper ask for help?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does Camper communicate illness or pain?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does Camper communicate likes/dislikes?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has poor appetite  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has excessive appetite   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper uses toilet independently   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper needs to be prompted to go  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper needs some assistance using the toilet                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper needs complete supervision in restroom                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper swims well  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper cannot swim, must remain in the shallow end of the pool                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper needs to wear lifejacket in the pool at all times (Camper must provide) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper willingly takes showers   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper is independent with dressing/undressing routines                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper has privacy issues  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper needs a lot of assistance undressing/dressing routines                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Does Camper recognize safe/unsafe situations and demonstrate appropriate fear of unsafe Situations? If no, explain.\* \_\_\_\_\_

\_\_\_\_\_

Any additional information to share about communication, self care, etc.? \_\_\_\_\_

\_\_\_\_\_

## Behaviors

|   | Never                    | Seldom                   | Often                    |
|---|--------------------------|--------------------------|--------------------------|
| Camper hurts self                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper hurts others                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper touches others inappropriately       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper throws things                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper gets into others personal belongings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper wanders away from group              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper uses in appropriate language         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper refuses to walk or participate       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper has difficulty with transitions      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper argues with adults or peers          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper acts inappropriate in public         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe positive behaviors of Camper. \_\_\_\_\_

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Please describe any behaviors above or any not listed. \_\_\_\_\_

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What else should we know about Camper to make his/her camping experience a great one? The more we know about likes, dislikes, skills, and needs the better we can serve the camper. \_\_\_\_\_

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I give permission to myself or Camper to swim?  Yes  No

Emergency Contact\* \_\_\_\_\_  
First Name Last Name

Emergency Contact Cell Phone\* (\_\_\_\_) - \_\_\_\_\_

Emergency Contact Home Phone\* (\_\_\_\_) - \_\_\_\_\_

Parent Email\* \_\_\_\_\_

Parent Address\* \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

Parent Phone Number\* (\_\_\_\_) - \_\_\_\_\_

Does someone have guardianship of Camper?\*  Yes  No  
 Camper is independent adult

If someone is guardian, who is that guardian?

\_\_\_\_\_  
First Name Last Name

# **Camper/Parent/Legal Guardian Agreement— Disability Network West Michigan**

## **Release and Indemnity Agreement and Acknowledgement of Risk**

(Please read this document carefully and sign below.)

This Release and Indemnity Agreement and Acknowledgement of Risk is made and entered by and between the parent(s) or legal guardian(s) or independent Camper before mentioned on this application.

On behalf of the Camper, the parent(s)/legal guardian(s) / or I hereby acknowledge and agree that;

Employment 4 Life Camp is for Campers that may have special needs;

Camp activities may involve a degree of risk of injury which cannot be eliminated and may be inherently dangerous, and the degree of risks may vary depending upon the abilities of the Camper, the activity and its location, whether on property or elsewhere;

I/we have carefully considered the risks, including any additional or unique risks which may arise due to the special needs of my Camper, or other Campers who may attend;

Having considered the risks, I request and consent for my Camper to attend, and to participate and engage in all Camp activities, travel and events, wherever they may be held, and to use the facilities and services of Camp, as well as other facilities utilized for activities of the Camp, and I accept any and all related risks.

Now, therefore, and in consideration of the Camper being permitted to attend at Camp, and for other good and valuable consideration, the sufficiency, adequacy and receipt of which is hereby acknowledged, I hereby agree for myself and my heirs, executors, assigns, wards and the Camper in my care, to release, discharge, hold harmless and indemnify as follows:

I acknowledge, accept and assume all risks which may be involved with the Camper participating in the activities of Camp.

I release, discharge, hold harmless and agree to indemnify Disability Network West Michigan, its members, agents and employees from any and all liability, claims, actions, costs and expenses which may arise from any injury or harm which the Camper may suffer, whether bodily or property, while, or as a result of, attending Camp, and participating in its activities, or using its facilities and services.

I further agree to not file suit, pursue any claim, or participate in any legal action against Disability Network West Michigan, its members, agents and employees.

I understand and agree that by this Agreement and Release I am giving up, among other things, the right to sue Disability Network West Michigan, its members, agents and employees for injuries, damages or losses that may occur. I also understand that this Agreement and Release extends to and binds my heirs, executors, administrators and assigns.

**Medical Treatment and Needs:**

I hereby authorize Disability Network West Michigan, and its employees, members and agents to render first aid and seek medical treatment and care for the Camper when in their judgment it is reasonable and necessary, and I release Disability Network West Michigan from any and all claim (s) arising now or later from first aid or medical treatment rendered to the Camper.

Before leaving my Camper at the Camp, I have informed the Disability Network West Michigan members of any special medical needs of my Camper, and have provided them with complete and accurate instructions regarding those needs, including any necessary and lawfully prescribed drugs for my Camper. I am confident and comfortable that the instructions given by me have been adequately received and understood. I hereby authorize Disability Network West Michigan, and its employees and members to dispense medications and attend to other special needs of my Camper, and I release Disability Network West Michigan from any and all claim(s) arising now or later from dispensing such drugs and attending to such needs.

I have read this entire Agreement and Release, and I understand it and agree to be legally bound by it. No oral representations, statements or inducements have been made with regard to the Release and Agreement. I understand and agree that the consideration given extends to and is adequate and sufficient for all promises, conditions, releases and agreements made herein, and that this Release and Agreement covers but is not limited to liability, claims and actions caused entirely or in part by any act or failure to act by Disability Network West Michigan, members, employees, or agents.

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Signature

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Date