



## 2019 Project SEE Application

<b>Applicant's Name</b>		<b>DOB:</b>	
<b>Address:</b>			
<i>Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Email:</b>			
<b>Primary Language Spoken:</b>		<b>Gender:</b>	
<b>Who is Legal Guardian?</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Parent <input type="checkbox"/> Other (agency or other individual)			
<b>Name of Parent or Guardian:</b>			
<b>Address if different from Applicant:</b>			
<b>Day Phone:</b>		<b>Email:</b>	
<b>Transportation Source for summer program:</b>			
<b>School:</b>		<b>Anticipated Graduation Date:</b>	
<input type="checkbox"/> Regular Education w/ IEP <input type="checkbox"/> OCS <input type="checkbox"/> Self-Contained Class Room Type			
<b>*Teacher:</b>		<b>Phone:</b>	
<b>If OCS, No. of Volunteer Hours completed:</b>		<b>No. of Compensatory (paid) hours completed:</b>	
<b>VR Counselor:</b>			
<b>Past Work/Volunteer Experience:</b>			
<b>Medical Information (REQUIRED- must complete for application to be considered)</b>			
<b>Applicant's Diagnosis(es):</b>			
<b>Please check all that apply:</b>			
<input type="checkbox"/> Seizures <input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Visual Impairment			
<input type="checkbox"/> Fever-related Convulsions <input type="checkbox"/> Difficulty eating/swallowing <input type="checkbox"/> Hearing Impairment			
<input type="checkbox"/> Dental Concerns <input type="checkbox"/> Other:			
<b>Please explain:</b>			

Are there any physical conditions what may present a challenge to participants while on the job? (i.e. difficulty standing more than 2 hours, limitations with use of hands, etc.)

Please list all allergies and typical reactions:

Please list all medications and reason for use:

How do you best communicate?

Verbally

Limited Verbal

Sign Language

Combination verbal/sign language

Gestures

If vocabulary is limited, what phrases and/or words do you use regularly?

Please list any fear/sensory/behavioral concerns:

Any additional information you'd like us to know:

- I understand if this application is not complete, it will not be considered.
- I have read and agree with Project SEE requirements and will abide by its policies.
- I understand the \$30 application fee is non-refundable.
- I give consent for The Arc to contact the teacher listed above for more information.

\$30 application fee:  Check enclosed  Paid online [http://www.arctriangle.org/project\\_see](http://www.arctriangle.org/project_see)

Mail or deliver to:

The Arc of the Triangle attn.: Susan Swearingen  
5121 Hollyridge Drive, Suite 100  
Raleigh, NC 27612

Applications will not be processed until fee is received. Application/fee deadline is March 29, 2019

**PRIVACY STATEMENT:** Your privacy is important to us. Information you provide about yourself, family members or friends is for The Arc's information only. We do not share this information with outside parties.

Signature

Date

Name (if someone other than applicant)

Relationship to Applicant