



TEAM Vacaville

Welcome to T.E.A.M. Vacaville

Please read this entire introduction letter and be sure to follow all instructions. PLEASE NOTE that not following the instructions could delay your application process and possibly cause you to miss out on entering into our program.

ALL APPLICATIONS that are submitted and completed as outlined in this letter, will be either granted acceptance into the program or placed upon our waitlist. Our waitlist is determined by the date of the completed application. We hope to be able to open up additional spots in our TEAM as quickly as possible, while keeping in mind the overall success of our TEAM. We are creating something amazing, so please have patience and understanding as we grow with you through this experience. We are excited for what our future holds and are honored that you want to join us in this adventure.

Below are the requirements to be enrolled in the lottery:

1. Fill out the **COMPLETE** Application & Questionnaire. Give as much detail as you can about your child. BRAG!!! We want to know all about them. What are their likes, dislikes, interests, hobbies, favorite shows, characters and things that excite them. Help us to get to know as much as possible about them so that we can pair them up with the perfect buddy, create perfect events and make this an amazing experience for everyone. PLEASE INDICATE IF YOU ARE ENROLLING MORE THAN ONE SPECIAL NEEDS CHILD INTO THE PROGRAM. WHEN WE BRING NEW PARTICIPANTS INTO THE PROGRAM WE WILL BRING ALL SIBLINGS IN TOGETHER. We do not want to take one child from a family and leave out a special needs sibling.
2. Please provide a picture of the applicant – this will help us to introduce them to their buddy before they meet.
3. Please provide a picture of their family – We want to know about your family and how many siblings there are. This will help us to determine which our events we will have the siblings included (when possible).
4. Please keep in mind that we will ask you to volunteer. Volunteering will be a requirement to be part of our TEAM. We understand that you are a special needs parent, we get it, but in order to make this happen, we will need to work as a team. If for some reason you feel that you cannot volunteer, please let us know and we will consider other options.



T.E.A.M Vacaville New Member Information

Thank you for your interest in Team Vacaville. We are excited to have you as part of our new journey to build a wonderful organization!

Please complete the following information regarding your child(ren). All information will be confidential, and will be used to best support and encourage your child as we continue to organize and finalize the by-laws for Team Vacaville.

Childs name _____ Parent's/ guardian name(s) _____

DOB _____ Age _____ Grade _____ School _____

Address _____

Phone _____ Cell _____ Email _____

Please explain your childs disabilities;

Does your child use a wheelchair? () Yes () No Is your child hearing impaired? () Yes () No

Is your child visually impaired? () Yes () No Is your child easily over-stimulated? () Yes () No

Can your child become aggressive? () Yes () No Is your child an eloper (runner)? () Yes () No

What are some qualities and character traits you would like to share about your child? i.e; temperament, interests, things that calm them down or motivate them, etc.

Why did you choose to have your child participate in Team Vacaville?

Does your child take medication on a routine basis? () Yes () No _____

Does your child have a seizure disorder? () Yes () No _____

Does your child have any allergies? () Yes _____ () No

Medical Provider name _____ Phone number _____

In case of emergency contact _____ Ph# _____ () Friend () Family

Parent/Guardian Signature: _____ Date _____

Photo release permission

From time to time, Team Vacaville will update various media outlets with photos of Team activities and members and volunteers. This may include our Facebook page, website, or newsletters and publications, and sometimes the local newspaper.

I give permission to have my child's photo used for Team Vacaville publications and media outlets.

Name of Child _____ Parent/Guardian signature _____

Please circle the shirt size for your child:

Child Small	Adult Small
Child Medium	Adult Medium
Child Large	Adult Large
Child XLarge	Adult X-Large

PARENT VOLUNTEER INFORMATION:

To volunteer for Team Vacaville, please indicate your name and contact information, as well as what your interests are. Team Vacaville relies on volunteers to help build our organization and add activities and events to our calendar. Thank you for your help!

I am interested in volunteering by _____

Name: _____ Email _____ Phone: _____

Release of liability: Please read and SIGN below to complete your application.

Intending to be legally bound and hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Team Vacaville and it's volunteers and Board of Directors. This release is for any and all liabilities for personal injuries (including death) and property losses or damage occasioned by, or in connection with, any Team Vacaville activity, sport, or event.

Name: _____ Signature: _____ Date: _____

Please return completed application to: teamvacavillesolano@gmail.com

T.E.A.M Vacaville: Together Everyone Always Matters



TEAM Vacaville

ENROLLMENT QUESTIONNAIRE

Name: _____ DOB: _____

Age: _____ Grade: _____ School: _____

Names and ages of siblings:

Does your child have any health issues or allergies?

List 3 adjectives to describe your child

Hobbies/Favorite Shows/ Characters/ Sports...etc:

Diagnosis/Disability:

FOR PARENTS:

What is your biggest concerns for your child with participating in TEAM Vacaville?
