

ABLES

Recreation Association, Inc.

Please mail completed form to:
Ables Recreation Association, Inc.
P.O. Box 616
Smyrna, TN 37167

Or email to: contact@ablesinc.org

ABLES APPLICATION FOR YOUNG ADULT PARTICIPANT

The ABLES would like to thank you for your interest in our programs and services for the handicapped. All adult participants must have a designated parent/ adult guardian attend each activity with them. As a parent, you are responsible for the actions of your adult participant and adult designee, should you not be able to attend the activity.

All adult designees must have a volunteer application filled out before attendance of the activity. No inappropriate behavior or an adult participant, or adult designee will be tolerated. No smoking, alcohol, or drugs will be tolerated. Please note, adult participants must have their own caregiver during all activities.

If participant is wheelchair dependent, you may be required to provide your own transportation to certain activities, because ABLES does not own a handicapped vehicle to provide this service.

If you have signed up for an event, and cannot attend, please call (615) 220-9161.

I have read and agreed to the terms listed above.

Parent/ Guardian/ Group Home Agency
(Please circle one)

Date

ABLES APPLICATION FOR YOUNG ADULT PARTICIPANT

This form is to be filled out completely. If the information asked for does not apply, simply write N/A. You may attach a separate sheet with any additional information. We appreciate your time and cooperation.

PLEASE PRINT

DATE _____

Name of applicant: _____
Last First Middle

Present Address: Street _____

City: _____ State: _____ Zip: _____ Gender: _____

Social Security #: _____ Age: _____ Birthday: _____

Parent/Guardian: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Agency Name: _____

Phone: (____) _____ Address: _____

Supervisor Name: _____ Emergency Number: _____

EMERGENCY INFORMATION

In the event a parent cannot be reached: Phone (____) _____ Name: _____

Relationship to applicant: _____

Insurance Information- Company: _____

Policy Issued to: _____ Policy #: _____

MEDICAL INFORMATION

Allergies: _____

Height: _____ Weight: _____

Primary Disability (medical diagnosis): _____

Secondary Disability (if any): _____

Extent of Disability: _____

Cause & Onset of Disability: _____

Mental Ability: _____

Current Medications: _____

Describe Seizures (if any) including frequency: _____

Is applicant vision impaired: Yes: _____ No: _____

If yes, to what degree: _____

Does applicant wear glasses: Yes: _____ No: _____ Contact lenses: Yes: _____ No: _____

Is applicant hearing impaired? Yes: _____ No: _____ Wears hearing aid? Yes: _____ No: _____

Is applicant's speech affected? Yes: _____ No: _____ Uses sign language? Yes: _____ No: _____

If yes, how much? Some: _____ Severe (but understandable): _____ No speech: _____

If speech is severely limited, does applicant use Language Device (if yes, please bring to events)? Yes: _____ No: _____

Can applicant communicate his/her needs and wants to individual providing care?

Yes: _____ No: _____

Further vision, hearing, and communication instructions (please attach additional information if needed): _____

Mobility and Special Appliances (please indicate all items and assistance information):

Manual Wheelchair _____ Electric Wheelchair _____ Wheelchair for Long Distance _____

Pushes Self _____ Needs Assistance Pushing _____ Can Support Weight for Transfer _____

Needs Transfer Assistance Yes: _____ No: _____ Type of Chair Used _____

Wheelchair must be provided by applicant if needed

Additional aids needed: Crutches _____ Walker _____ Cane _____

Assistance required: Independent Use _____ Standby Assistance _____ Full Assist _____

Braces (describe): _____

Prosthesis (describe): _____

Special Instructions (please attach additional information on separate sheet): _____

TOILETING Indicate all items that apply (please bring if applicable)

Is applicant independent in toileting? Yes: _____ No: _____

Bladder Control: Always: ___ Sometimes: ___ Incontinent: ___ Remind: ___ Schedule: _____

Bowel Control: Always: ___ Sometimes: ___ Incontinent: ___ Remind: ___ Schedule: _____

Diapers: Yes: _____ No: _____ How often changed: _____

Catheter: Yes: _____ No: _____ How often changed: _____

Ileostomy appliance: Yes: _____ No: _____ Colostomy appliance: Yes: _____ No: _____

Small urinal: _____ Bedpan: _____ Special Commode (please bring): _____

Toileting Instructions: _____

EATING Special Diet

Independent: _____ Some Help: _____ Total Assistance: _____ Serve: _____ Cut: _____

Special Utensils (please bring): _____

Eating Instructions: _____

WHAT AREAS ARE YOU INTERESTED IN:

____ T. Ball ____ Swimming ____ Bowling ____ Drama ____ Scouting
____ Social Events ____ Field Trips ____ Crafts ____ Fundraising ____ Other

I give permission for my child's photograph to be placed on Able's web site or Facebook page:
Yes: _____ No: _____

I give permission for photographs and film footage to be used in promotional activities and/or the public relations associated with the Ables. Yes: _____ No: _____

PERMISSION

In case of an emergency, I hereby give permission to the physician and clinic/ hospital selected by the ABLES staff or Director to secure proper treatment, standard with all accepted medical procedures. I understand the risks involved in the participation of activities and programs of the ABLES and I accept full responsibility for my child's participation in those activities.

Date: _____ Signature: _____

Parent/ Guardian/ Group Home Agent (please circle one)

ABLES

Recreation Association, Inc.

ADULT VOLUNTEER/ ADULT DESIGNEE APPLICATION

ABLES would like to thank you for your interest in our programs and services for the handicapped.

General Information:

Name: _____ Phone: (____) _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Are you currently employed? Yes _____ No: _____

If yes, where? _____ City: _____ State: _____

Are you currently a student? Yes _____ No: _____

If yes, where? _____ City: _____ State: _____

Do you have a valid Tennessee Driver's License? Yes _____ No: _____

Previous Work:

List all previous volunteer work:

Name of Organization	Position Held	Director	Telephone
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- 1.
- 2.
- 3.

List all current and previous employment:

Name of employer	Position Held	Personnel	Telephone
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- 1.
- 2.
- 3.

Have you ever been refused a bond? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

- If yes, please explain: _____

References:

Name	Address	Phone	Occupation
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1.

2.

3.

In case of an emergency, I hereby give permission to the physician and clinic/ hospital selected by the ABLES staff or director to secure proper treatment, standard with all accepted medical procedures. I understand the risk involved in the participation of activities and programs of the ABLES Recreation Association and I accept full responsibility while participating in these activities.

Insurance Information- Company: _____

Policy Issued to: _____ Policy #: _____ Group #: _____

Signature: _____ Date: _____

I hereby give permission for photographs and film footage to be used in promotional activities and/or public relations association with the ABLES including the ABLES web site and Facebook page.

Signature: _____ Date: _____

SUPERVISOR OF AGENCY GROUP HOME COVER LETTER

The ABLES would like to thank you for your interest in our programs and services for the handicapped. All adult participants must have a designated parent/ adult guardian attend each activity with them. Please keep a copy of our Volunteer Application on file, to have any and all staff persons complete an individual application, and to bring it with them on the first activity.

Please attach a copy of your police background check on each volunteer attending an ABLES activity. For liability purposes, we must have this information on file before activities begin. No inappropriate behavior of an adult participant or adult caregiver will be tolerated. No smoking, alcohol, or drugs will be tolerated at an ABLES activity.

I have read and agree to the terms listed above.

Signature: _____ Date: _____

Printed Name: _____

Group Home Agency: _____

Address: _____

Phone: (____) _____