LightHouse for the Blind & Visually Impaired

**NFB Convention Conquest 2014**

The first week of July the LightHouse Youth Program will be taking a group of select students to the annual convention of the National Federation of the Blind in Orlando, Florida. Students who take part in this trip will have the chance to test their independence, alearn new skills and ideas, network with people from around the country and meet incredible role models that can provide life changing advice.

The NFB Convention is an annual gathering of 3,000+ blind and low vision individuals that come together to learn about the latest technology, share new ideas with others and discuss important issues that the Low Vision and Blind community are encountering. Most say that their first convention was a real life-changing experience.  It is the first time in their lives where they meet people that make the cane cool, or where knowing braille makes you boss.

The LightHouse is proud to provide air fare and lodging for participants.   This generous offer has been made possible by a donation to the LightHouse intended to provide educational and networking opportunity to Low Vision and Blind individuals wishing to explore community events and conventions.

Why go?

- Network with other Blind and Low Vision individuals

- Meet intelligent, charismatic and fun people from around the country

- Share and discuss ideas, concepts and perspectives of importance to the blind community

- Discuss issues or problems that the Blind and Low Vision communities are facing

- Learn about the latest and greatest technology for Low Vision or Blind communities.

- Gain advice and wisdom from Blind or Low Vision mentors

Trip qualification:

- Currently enrolled (or admitted) college students or those who have been in college within the past two years

- Available to attend the entire trip from June 30th to July 7th

- Space is limited to 12 participants

- Completed all aspect of the application

Application requirements:

- Complete and submit all aspects of the Lighthouse NFB Convention Conquest Application

- Take part in an interview

- Submit an application to the Wilbur Radcliff Grant Scholarship

- Apply for a mentor with the 2014 NABS Mentoring Program

Application must be submitted to the Youth Services Coordinator at the Lighthouse for the Blind and Visually Impaired no later than June 4th.  If you would like more information or have any questions about this great opportunity for transition aged youth please contact Jamey Gump, Youth Service Coordinator at (415) 694-7372 or by email at jgump@lighthouse-sf.org.

LightHouse for the Blind & Visually Impaired

**NFB Convention Conquest 2014: Application – Paticipant Information**

**Basic Client Information**Name:

Gender:

Date of Birth:

Address:

City:

State:

Zip Code:

County:

Home Phone:

Cell Phone:

E-mail:

**Parent / Guardian**:

Name (First / Last):

Phone Number:

Cell Phone Number*:*

Email:

Address:

**Parents Preferred form of communication (If child is under 18 years-old):**

**(Please Check)**

Phone:

Email:

Social Media:

**Child/Youth Preferred form of communication (Please check):**

Phone:

Email:

Social Media:

**Local Emergency Contact (other than Parent or Guardian)**:

Name (First / Last):

Phone Number:

Email:

Address:

Relationship:

**TVI or O&M / DOR counselor (if applicable):**

**TVI** Name:

Phone Number:

Email:

School District:

**O&M** Instructor Name:

Phone Number:

Email:

Employed By:

**Your DOR** Counselor Name:

Your Phone Number:

Do you text at this phone number?

Your Email:

**Education:**

What is the name of the school you are currently attending and how long have you been enrolled?

Current Grade Level:

High School Attended:

GPA:

College Attended:

GPA:

Achievements:

**Living Situation**: **(choose the one that best fits your living situation)**

Family:

Roommates:

Living alone

Residential Facility (i.e. CSB, OCB, Hatlen Center):

**Primary Language(s) Spoken:**

**Vision**:

Are you legally blind?

Please describe your visual impairment:

If partially sighted, please describe your functional vision:

Age of onset:

Is blindness your primary disability?

If not, please explain (LightHouse serves youth whose primary disability is blindness or vision loss):

**Preferred media (Please check):**

Email

Braille

Large print

**Speech Communication (Please check):**

My speech communication is:

Verbal

Non-Verbal

If Non-Verbal, please describe method of communication:

**Hearing:**

Are you hearing impaired?

If yes, do you use hearing aids?

Left Ear:

Right Ear:

For communication, which do you use?

ASL:

Finger Spelling:

Other (If other, please describe­­):

**\*Note**:  Youth utilizing ASL as their primary method of communication are required to furnish their own ASL Interpreter

**Mobility and Daily Living Skills:**

Are you an independent traveler?

Are you able to walk for up to an hour straight without assistance?

Do you use any of the following (Please check):

Battery Wheelchair

Non-Battery Wheelchair

Support Cane

White Cane

Human Guide

Dog Guide or Service Animal

If you are a wheelchair user, can you use your chair on unpaved trails?

Yes / No

If you are a wheelchair user, can you transfer independently?

**Other Disabilities (Please check any of the following that apply to you)**:

Cerebral Palsy

Multiple Sclerosis

Head Injury

Cognitive Disability

Mental Health History

If you checked any of the disabilities above, please describe in depth:

Do you have diabetes?

If yes, what type?

Are you able to self-manage your diabetes?

Do you have epilepsy?

Type of seizure:

Date of last seizure:

Do you have a developmental disability? If yes, please describe functioning level (mild, moderate, severe), skills, etc.:

**Behavioral Disorders:**(Please list)

(Examples include self-abuse, biting, hitting, wandering, insomnia, etc. Please be specific and explain any behavior management routine you would like us to implement)

**\*Note:** a child/youth who harms another child/youth, volunteer, or staff member will be immediately dismissed from LightHouse programs. LightHouse has a strict zero tolerance policy towards bullying.

Serious illness or injury that has required hospitalization (please describe):

Attention Deficit Disorder or Hyperactivity (please describe):

Other (please describe):

**Health Information:**

Date of last tetanus shot:

Do you have any physical conditions requiring restriction(s) on participation in an active recreation program?  Please explain.

Do you have any allergies? If so please explain.

Do you have any medication prescribed by a doctor? If yes can you self-administer?

**Medical Insurance:**

Name of insured:

(If you do not have insurance, indicate 'Uninsured' and: see below)

Name of insurance carrier:

Membership number:

Expiration Date (if any)

If not insured, please contact the LightHouse Youth Services Coordinator at (415) 694-7372.

I have answered all of the above questions to the best of my knowledge

Signature (Applicant):

Signature (Parent or Guardian):

if under 18

Date:

LightHouse for the Blind & Visually Impaired

**NFB Convention Conquest 2014: Appliciaton - Short Answer**

Please make sure to fill out all the below questions on a separate peace of paper. Be sure to attach your answers to the application when you submit your application to the Youth Services Coordinator.

Requiored Action Items:

- 2014 Wilbur Radcliff Grant

All participants must submit an application for the 2014 Wilbur Radcliff Grant.  This grant 10 slots for first time convention goers to attend the 2014 NFB convention.  The application can be found and filled out by visiting the below link.

<http://www.formstack.com/forms/?1450100-B0gaIvN28V>

- 2014 NABS MENTORING PROGRAM

In order to attend this trip each participant must apply for an NABS Mentor Program.  NABS, the National Association of Blind Students, is offering a mentor program for any students hoping to gain knowledge from more experience convention participants.  To apply for the NABS Mentoring Program please visit the below link.
<http://nabslink.org/content/mentee-form>

- Interview

All participants will be asked to participate in an interview to help determine eligibility for the NFB Convention Conquest 2014

Easy Questions:

1. In an easy format please explain why you would like to attend the NFB Convention?

2. Discuss a special attribute or accomplishment that sets you apart from other candidates?

3. In your own word what is the most important issues facing the blind community?

4. What would you like to gain from attending this year’s NFB convention?

Short Answer:

5. What are your educational goals?

6. Where are you in the process in achieving these goals?

7. Please tell us about a person you admire and explain why?
8. List any Awards and honors:
9. Please list any volunteer or community service projects you have participated in:

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**NFB Convention Conquest 2014: Application - Waiver of Liability & Release**

This Waiver of Liability and Release must be initialed after each section and signed by anyone receiving services from the Lighthouse for the Blind & Visually Impaired (Lighthouse) at the following locations: 214 Van Ness, LightHouse of Marin, LightHouse of the North Coast, Enchanted Hills Camp, LightHouse Industries, in the community, client's home and workplace, as well as, while being transported in a vehicle provided or procured by the Lighthouse. Participation in services is prohibited unless this form has been signed and returned to the individual receiving services or participating in LightHouse program is "Active." If more than a year passes without activity in ANY LightHouse program or service, a new Waiver MUST be signed.

1) I am in satisfactory physical, mental and emotional condition and may engage in all activities associated with the services I am receiving at my own risk, except those listed in number 7 below. At any time that I am receiving services provided by the Lighthouse, I hereby consent to any medical and/or other treatment as may be considered necessary by a qualified physician, nurse, or designated Lighthouse staff member. In case of emergency, permission is given to designated Lighthouse staff to contact emergency medical services and/or secure treatment for the undersigned.

Initials:

I hereby state, that even with the best optical correction that I am: \*

Visually impaired (visual acuity between 20/40 and 20/60)

Low Vision (visual acuity of 20/70 or more)

C. Legally blind (visual acuity of 20/200 or less in best corrected eye, or visual field      of 20 degrees or less)

D. Totally blind or nearly-totally blind (visual acuity of "hand motions," "light perception," or "no light perception.")

I understand and accept the Lighthouse reserves the right to require documentation of my vision loss if the Lighthouse staff determines such information is considered necessary for assessment and/or the provision of services/training.

Initials:

3) I hereby waive any and all claims that I or my heirs may have against the Lighthouse, its Directors, Officers, Employees, Independent Contractors, Volunteers, and/or Agents for any injuries or property damage which may arise while I am receiving Lighthouse services, including transportation provided or procured by the Lighthouse, at or while en route to any of the locations referenced above in paragraph 1. I acknowledge that this waiver includes any claims for personal injuries or property damage caused by or arising out of the negligence of Lighthouse or its Directors, Officers, Employees, Independent Contractors, Volunteers, and/or Agents.

Initials:

4.) A major objective of the Lighthouse is to educate the public about blindness. To accomplish this, the Lighthouse frequently sends press releases and photographs to the media (newspapers, radio, television and the internet). It is the right of the individual whether or not to consent to the use of her/his photograph and/or name for the above publicity purposes. I hereby authorize the Lighthouse to use any photographs taken at the Lighthouse of me and/or my property.

Yes / No

5) I hereby authorize the Lighthouse to use my voice or written communications for publication, fundraising and advocacy purposes.

Yes / No

6) Are there any medical, mental or emotional conditions and/or medications the Lighthouse should be aware of during your participation in programs/services with the Lighthouse? If so, please explain.

7) Exceptions or specifications regarding any of the above: I understand this Waiver of Liability and Release constitutes the entire understanding between the parties referenced herein with respect to matters set forth herein. There are no oral representations, arrangements or agreements between the parties referenced herein other than those contained verbatim in the Waiver of Liability and Release.

Initials (Applicant):

Initials (Parent or Guardian):

This Waiver of Liability and Release shall be interpreted in accordance with and governed by the laws of the state of California. I have read and agreed to the terms and conditions above

Agree: Yes / No

Name (Applicant):

Signature (Applicant):

Name (Parent or Guardian):

Signature (Parent or Guardian):

LightHouse for the Blind & Visually Impaired

**NFB Convention Conquest 2014: application - Behavior Contract**

We would like all of our youth program participants and parents to understand and become familiar with certain expectations and rules when participating in any LightHouse activities or events.  Please review the following rules with your child:

I agree NOT to use profane, rude or offensive language.

I agree to be respectful of all Participants, Volunteers and LightHouse Staff at all times.

I agree not to bully any other individual or take part in any bullying behavior(s).

I agree to dress in a respectful and appropriate fashion.

I agree to follow all rules, directions, and policies of Lighthouse staff and volunteers.

I agree to stay within the assigned boundaries of the activity area until I am dismissed from the activity, event or outing.

I agree to respect personal and public property.

I agree not to bring, or be under the influence of drugs or alcohol when participating in Lighthouse events.

I agree not to bring or possess knives, guns or weapons of any sort at LightHouse events.

I understand and agree to these rules and guidelines.  I understand that if Lighthouse staff believes my behavior warrants dismissal, I will be sent home. My parent(s) or guardian will be solely responsible for my immediate transportation home from the activity location, and may be held financially liable for any property damage or personal injury that I may have caused.

Youth Participant Name (Print):

Youth Participant Signature:

Parent Signature:

**Please Mail to:**

LightHouse for the Blind and Visually Impaired

Attention: Youth Services Coordinator

214 Van Ness Ave

San Francisco, CA 94102

Or Fax to: 415-863-7568   Attention: Youth Services Coordinator