**APPLICATION**

**NATIONAL FEDERATION OF THE BLIND**

**National Senior Division Retreat, October 18-24, 2020**

 **LIVE THE LIFE YOU WANT**

**ROCKY BOTTOM RETREAT AND CONFERENCE CENTER OF THE BLIND**

Please complete and return **no later than August 20, 2020** and mail to:

National Senior Division Retreat

 Ruth Sager

7634 Carla Road,

Pikesville, MD 21208

 or email to: **rsager78@gmail.com** or call 410.602.9030

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_ Male: \_\_\_ Female: \_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:

**Name of Emergency Contact person no. 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contacts relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name of emergency Contact person No. 2**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did your onset of blindness occur?

\_\_\_\_\_within 2 years? \_\_\_\_\_5 years? \_\_\_\_\_10 years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_longer?

Have you had any previous training in nonvisual skills? \_\_\_\_\_Yes. \_\_\_\_\_No.

If yes, where and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you now use a white cane? \_\_\_\_\_Yes. \_\_\_\_\_No. Please give your approximate height so we will have correct cane lengths on hand if necessary. Height:

Do you use other walking aids? \_\_\_\_\_Yes \_\_\_\_\_No

Do you require any additional special aids? e.g. hearing aids? back brace? \_\_\_\_\_Yes. \_\_\_\_\_No. If yes, please explain.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What special dietary needs if any, do you have? Please be specific. If you have any food allergies or other allergies that we should know about, please specify here. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other physical limitations that may affect your training? E.g. shortness of breath, not able to climb stairs. Yes. No

If yes, please give specific information.

I am able to administer all my medications and I know the dosages and times they must be taken. Yes. No.

I will bring a photo id and my insurance card and policy holder number for emergency medical purposes.

I would like to learn:

---walking with a white cane,

--- daily living and organizational skills,

 ---using my iPhone with apps,

 ---the Braille alphabet,

----cooking techniques,

 ---learn more about tools and aids that can enhance my independence,

--- learn from others how they cope with vision loss and strategize for living more independently and creating new goals for myself.

 I understand and agree to use a long, straight, rigid NFB cane at all times during training as this is for my benefit.

 I understand that this training is solely for my benefit and I will actively participate in all activities and have an open mind to have new learning experiences. I will also willingly share with others my life experiences. I understand that pictures may be taken for promotional purposes and I agree, (not agree) to have my picture taken during the retreat.

I understand that a pair of "sleep shades" blindfolds will be given to me at the start of the training week and that I will be asked to wear them during some classes such as cane travel. I agree to do this knowing that the instructor working with me will guide my learning experience to best benefit me.

Cost of the Retreat:

I understand that the cost per retreat attendee is $300.00 and covers room, board, all events during the retreat, transportation from the nearest airport in Greenville/Spartansburg, South Carolina to Rocky Bottom and my return from the camp to the airport at the conclusion of the retreat. I am however, responsible for transportation costs I may incur traveling from my home to Greenville/Spartansburg Airport and returning home.

Transportation Arrangements

\_\_\_\_\_ I will be providing my own transportation.

\_\_\_\_\_ I will need transportation from the Greenville/Spartansburg Airport to Rocky Bottom.

I understand that upon filling out this application, the next step will be a telephone interview with instructors to help me determine my goals and plan my retreat experience to best meet my needs. I then will be told whether I am a successful retreat candidate and will send my check of $300.00 to:

NFB Senior Division, C/O Duncan Larsen,

Colorado Center for the Blind,

2233 West Shepperd Ave.,

Littleton, CO 80120

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligibility Requirements: Must be legally blind and preferably 50 or older.

Must be able to administer medications at proper times and dosages.