 **Workplace Inclusion and Sustainable Employment**

**Department of Rehabilitation and Health Services**

Greetings from UNTWISE!

We are excited you are considering attending the **Explore STEM! Summer Program**! Included in this packet are the forms that participants need to complete and return to the VR COUNSELOR in order to apply for the program**.** Completing the application process does not guarantee acceptance into the program due to a limited number of slots, so please submit your documentation as soon as possible.Follow the steps below in order to apply for the UNTWISE Explore STEM! Summer Program:

1. Complete all forms labeled “PARTICIPANT FORM” and be as detailed as possible. Please do not leave any fields blank.
2. Once all participant forms are complete, submit them to your VR Counselor in person, via fax, or via email.
3. The VR Counselor will submit your complete application to UNTWISE once all documentation has been received.
4. All applications are due to your VR COUNSELOR no later than May 31st, 2019.
5. If you are accepted into the program you will receive an acceptance letter and acceptance packet via e-mail no later than June 15th, 2019.
6. If you are not accepted into the program you will be contacted by phone and notified if you are on the waiting list.

If you have any questions or concerns about the application, or the program itself, please contact the UNTWISE Help Desk at (940) 565-4000.

We are glad you chose our program.

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

Lucy Gafford, Director UNT WISE Ryan Cole, Program Co-Director

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

Ryan Appleton, Program Co-Director



­­­­­­­­­­­­­­­­­­­­­­ **Participant Application Check List**

In order for your application to be complete, the following documents must be completed and returned to your **VR COUNSELOR** by May 31st, 2019. If you have questions about the application process, please call the UNTWISE Help Desk at 940-565-4000.

Documentation that must be turned into **VR COUNSELOR**:

* Application Form
* Vocational & Interest Information
* Medical Information Release Form
* Copy of Medical Insurance Card (front/back)
* Digital Release
* Participation Form

**Workplace Inclusion and Sustainable Employment**

**Department of Rehabilitation and Health Services**

Application for the 2019

**Explore STEM!**

**Summer Program**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Session(s) Requested:** | | | \_\_ Explore STEM! Computer Engineering-- July 29th-August 2nd  \_\_ Explore STEM! Computer Science-- August 5th- August 9th  \_\_ STEM Maker Camp (Frisco)—August 5th-August 9th | | | | | | | | | |
| Name: | |  | | | | | | |  |  | | |
|  | | First | | | Middle Initial | | | Last | Preferred First Name | | | |
| Home Address: | | | |  | | | | | | | | |
| City: |  | | | | | | State: |  | Zip: | |  | |
| Age: |  | | | School: | |  | | | Grade Completed: | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Male | | * Female | | | |
| T-shirt size (please circle one): | | | | | XS | | | S | | M | L | XL | | XXL | | XXXL |
| Parent/Guardian Name: | | | |  | | | | | | | | | | | | |
| Home Address: | | |  | | | | | | | | | | | | | |
| City: |  | | | | | | State: | |  | | | | Zip: | |  | |
| Home Phone: | |  | | | | | Cell Phone: | | |  | | | Work Phone: | | |  |
| Email Address: | | |  | | | | | | | | | | | | | |

VR Counselor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VR Counselor’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Accommodations Needed: |  |
| Signature below acknowledges that you agree to the information contained in the 2019  Live and Learn Information and Policy. By signing this form, I acknowledge I will take responsibility for myself/child complying with appropriate student behavior guidelines and other rules and regulations of the program.  Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**VOCATIONAL & Interest INFORMATION**

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

|  |  |
| --- | --- |
| 1. What types of jobs interest you? | 2. List 3 places where you would like to work (example: a hospital, a bank, retail store). |
|  |  |
|  |  |
|  |  |

3. Do you have any paid work experience? YES \_\_\_ or NO \_\_\_

If so, what did you like or not like about the job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you have any unpaid work experience (volunteer experience)? YES \_\_\_ or NO \_\_\_

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you have any hobbies? If so, what are they?

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

6. Do you use any assistive technology or low vision devices to perform school or work tasks?

YES \_\_\_ or NO \_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you ever have accommodations at school in the past or present? YES \_\_\_ or NO \_\_\_

If yes, please explain:

­­­­­­­­­­­

1. Please explain why you are interested in attending this program and what you hope to gain.

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



**Medical Information Form**

**NAME OF PROGRAM:**

**NAME OF PROGRAM PARTICIPANT:**

ADDRESS:

CITY: \_STATE: ZIP:

DATE OF BIRTH:

SEX: HEIGHT: WEIGHT:

**PARENT (or guardian) NAME:**

ADDRESS:

CITY: STATE: ZIP:

CELL PHONE: ( )

EMERGENCY PHONE: ( )

**EMERGENCY CONTACT NAME:** RELATION:

CELL PHONE: ( )

EMERGENCY PHONE: ( )

**PRIMARY CARE PHYSICIAN:**

PHONE: ( )

**DO YOU HAVE HEALTH INSURANCE**? YES:

NO:

NAME OF CARRIER POLICY NUMBER Name of Primary Insured

**A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD MUST BE ATTACHED**.

Does the Program Participant have any chronic or acute medical problems? YES:

NO:

Please explain:

List any allergies to food, pollen, or medicine: List any medications being taken at present time: List any other conditions we should be aware of:

My child has permission to attend a Program for Minors sponsored by the University of North Texas. I fully realize that injury or illness to my child may result from or during participation in the program. In case of injury or illness, I give permission for my child to be given medical treatment as deemed appropriate. I further give permission for the information provided on this form to be shared with appropriate medical personnel. I further give permission for and grant authority to the program representatives to sign on my behalf the Notice of Privacy Practice that patients are required to receive in accordance with federal law. I understand and acknowledge that I will be responsible for any medical bills incurred by my child at the University of North Texas Student Health and Wellness Center, at a local hospital or elsewhere.

**Signature:**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RMS‐334 Page 1 of 1 ‐ Updated 1/2017



**DIGITAL RELEASE**

I hereby **GRANT PERMISSION** to the University of North Texas and its agents, employees, licensees, or assigns to take and publish the photographs taken of me on the date and at the location listed below in University of North Texas publications, both printed and electronic. I hereby waive any right to inspect or approve the finished photographs or the printed or electronic material(s) created from the photographs prior to its/their publication.

# Event and/or Location of Photograph(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) of Photograph(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I **RELEASE**, and hereby agree to indemnify, defend, and hold harmless the University of North Texas, its agents, employees, licensees, and assigns (the “Released Entities”) from and against any and all claims that I, or any third party, may have now or in the future for invasion of privacy, right of publicity, or defamation arising out of the publication, use, exploitation, reproduction, adaptation, distribution, broadcast, or display of the photographs.

I have read this **PERMISSION TO PUBLISH PHOTOGRAPHS AND RELEASE** and am fully familiar with its contents and the meaning and impact thereof.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Consent (if under 18)

I am the parent or guardian of the individual named above, and I have the legal authority to execute this Permission, Waiver, and Release on his or her behalf. I understand and agree to the terms and conditions set forth above.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPATION FORM: RELEASE AND WAIVER OF LIABILITY FOR MINORS**

PARTICIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

DESCRIPTION OF ACTIVITY:

* Soldering
* Hand-tool use
* Using Electronics
* Other activities as they support the curriculum

DATE(S) OF ACTIVITY OR TRIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the Parent/Guardian of the above named Participant who is under 18 years of age and am fully competent to sign this Form. I give permission for Participant to participate in the above-referenced Activity. I acknowledge that the nature of the Activity may expose Participant to hazards or risks that may result in Participant’s illness, personal injury, or death, and I understand the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity, I hereby accept all risk to Participant’s health and any risk of injury or death that may result from such participation.

I hereby RELEASE and forever DISCHARGE the University of North Texas, its governing board, officers, employees, students, agents, and representatives, in their individual and official capacities, from liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his/her death, that may result from or occur during Participant’s participation in the Activity, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, STUDENTS, AGENTS OR REPRESENTATIVES, OR OTHERWISE.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT’S INJURY OR DEATH OR DAMAGE TO PARTICIPANT’S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY. I HEREBY FREELY AND VOLUNTARILY EXECUTE THIS RELEASE.

IN WITNESS WHEREOF, Parent/Guardian has executed this Release as of the date written below.

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

Signature of Parent/Guardian Date

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

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

Address (if different from Participant’s)

**Workplace Inclusion and Sustainable Employment**

**Department of Rehabilitation and Health Services**

Application for the 2019

**Explore STEM!**

**Summer Program**

UNT WISE is hosting 3 separate Explore STEM! Summer programs. Please read about each below to determine which will be the best fit for you. Attending multiple programs is at the discretion of your VRC.

**Explore STEM! Computer Engineering**

When: 07/29-08/02 10:00am-3:30pm

Where: UNT Discovery Park, 3940 N Elm St, Denton, TX 76207

What: This program is designed for students with little to no previous exposure to computer engineering who have an interest in basic programming and working with computer hardware. Activities will include:

(1) Basic Programming Concepts – Students will learn how to write C programs with simple loop and conditional structures.

(2) Rover Programming - Students will learn how to use the Ti-nspire calculator to program simple tasks that can be executed on a Ti-Innovator Rover.

(3) Internet of Things (IoT) Activity – Students will interact with an IoT environment (smart lights, alarm, buttons, temperature sensor, humidity sensor, Amazon Echo Dot (Alexa) and other devices) and create a smart IoT application which will interact with the devices and generate necessary output.

(4) Printed Circuit Board (PCB) Soldering - Students will solder sample PCBs and then test their PCB with a power source.

**Explore STEM! Computer Science**

When: 08/05-08/09 10:00am-3:30pm

Where: UNT Discovery Park, 3940 N Elm St, Denton, TX 76207

What: Students will need an interest in basic programming and working with computer hardware as it pertains to the Internet. The ability to understand basic concepts of coding and follow instructions to create and test computer programs is needed. This program is designed for students with little to no previous exposure to computer science who have an interest in programming and coding and will start with basic concepts that include: Internet foundations and website design, programming and testing.

\*Dr. Ludi (UNT Faculty program instructor) has a particular interest in students with visual impairments and would like to open the opportunity to Students with Visual Impairments first.

**Maker STEM Camp**

When: 08/05-08/09 9:00am-3:00pm

Where: SciTech Discovery Center, 8004 N Dallas Pkwy, Frisco, TX 75034

What: Students will be introduced to STEM Skills and learn their practical application as well as have an opportunity for career exposure. Activities Include:

Woodworking: Participants are introduced to the makerspace workshop. They learn basic shop safety and complete a skills assessment for basic hand tools which include hammers, hand saws and electric drills. They will use these tools to cut, shape, glue, and form the most versatile of materials, wood. Students learn how to safely use shop tools and create a unique wooden object that can be taken home.

Mechanical linkages: Mechanical linkages aren’t glamorous but they give motion to objects; Halloween props, robots, and animatronics all use linkages to come to life. This workshop focuses on simple ways to animate common household items. Students plan out blueprints for their inventions and then begin their builds from cardboard, foam board, wood and/or metal. They take home what they make.

Electronics: Almost everything we touch today contains electronics. They are the building blocks of technology. Understanding the basics of electronics is an essential maker skill. Students will learn about components, circuits, and how to solder. Students take home what they make.

Scratch Programming and Makey Makey: Software coding is what makes our electronic gadgets so cool. In this workshop, students will learn to code in Scratch and make a unique input interface device. This creation will interface to their code via Makey-Makey, a way to connect the software world to the hardware world. Students take home what they make.

Arduino: Arduino is a great tool that allows students to program a microcontroller. The microcontroller is a discrete electronic component that operates like a basic computer. Knowing how to use an Arduino is an essential skill for a Maker. It allows you to create almost anything from animatronic dinosaurs to funhouse lighting. This is a more advanced topic involving coding and electronics and will introduce students to basics of microcontrollers and their applications.