Greetings from UNTWISE!

We are excited you are considering attending the Live and Learn Summer Program! Included in this packet are the forms you need to complete to register for the program. Upon completion of the forms, please submit them, by March 30th, 2018, to:

University of North Texas
UNTWISE
Attention: Live and Learn Summer Program
1155 Union Circle #311456
Denton, Texas 76203-5017

Or by fax to:
940.565.3960
Attn: UNTWISE

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

We are glad you chose our program.

Crystal George, Program Director
Application for the 2018
Live and Learn
Summer Program

Session Requested:  □ Session 1: June 10-22  □ Yes
□ Session 2: July 8-20  □ No
□ Session 3: July 22-Aug. 3

Do you plan to stay in the dorms?
□ Yes
□ No

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: ______________________________________

Payment Method: □ Check  □ Credit Card  □ SA/PO# __________________________

If sponsored by VRS: Counselor’s Name: __________________________
Counselor’s Telephone Number: __________________________

Accommodations Needed: ______________________________________

Signature below acknowledges I have reviewed and agree to the information contained in the 2018 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: _______________________________________
TELL US ABOUT YOU: VOCATIONAL INFORMATION

Name: _______________________________

1. What types of jobs interest you?
   a. ________________________________________
   b. ________________________________________
   c. ________________________________________

2. List 3 places where you would like to work (example: a hospital, a bank, retail store).
   a. ________________________________________
   b. ________________________________________
   c. ________________________________________

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:
   ____________________________________________________________________
Tell Us About You

Name: _________________________________

Please explain why you are interested in attending this program and what you hope to gain. Please list the careers or hobbies that interest you and any work experience that you have.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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______________________________________________________________________________
UNTWISE
Live and Learn Summer Program

Letter of Recommendation from Vocational Rehabilitation Counselor or Teacher

Applicant’s name______________________________________________________________

Instructions: This student is applying for the UNT Live and Learn Summer Program. The program will focus on self discovery and transitioning from school to the world of work. We are looking for information that will allow the participant to make the most of this experience. Please add another sheet, if needed.

Please describe the applicant’s:

1. Work habits and/or study skills: _________________________________________________________________
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

2. Most effective instructional strategies:____________________________________________________________
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

3. Functional reading ability:______________________________________________________________________
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

4. Social interaction:_____________________________________________________________________________
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

5. Behavior challenges:__________________________________________________________________________
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

6. Supports needed to fully participate in program:____________________________________________________
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

I recommend this applicant for admission to the UNT Live and Learn Summer Program.

Name: ____________________________________________ Date: _________________
Title: ____________________________________________ Contact number: _________________
Email Address: _____________________________________

Please return this form to UNTWISE Live and Learn, 1155 Union Circle # 311456, Denton, Texas 76203, or fax it to 940-565-3960, Attn: Nick Eblen. Form due March 30th, 2018.
Program for Minors
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: ___________________________
PERMISSION TO PUBLISH PHOTOGRAPHS AND 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:** ___________________________
The Live and Learn summer program is a two (2) week summer program for youth with disabilities, ages 16-22, interested in vocational planning for their future. Whether their interest lie in unskilled, skilled and professional occupations, including opportunities requiring a post-secondary education, this program opens the door to the realities of the adult world of work. Participants engage in activities promoting an employment lifestyle and development in the following areas:

- Vocational Exploration, including Soft Skills for the Workplace
- Independent Living Skills, with an emphasis on Social Skills
- Disclosure and Self-Advocacy
- Money Management Skills
- Transportation Skills

During the day, youth engage in vocational exploration, identification of soft skills used in the workplace, and other activities to assist participants to understand behaviors needed to succeed in the workplace. To help youth gain a feel for a real workplace, participants are provided an opportunity to conduct informational interviews with UNT employees in a variety of work settings.

The evenings are devoted to developing independent living skills for community living and leisure. While overnight accommodations in campus housing are provided, youth are not required to stay overnight to participate in the evening activities. Participants utilize on-campus and public transportation, with assistance, to develop their independent living skills.

UNTWISE will offer three sessions (June 10-22, July 8-20, and July 22-Aug. 3) of the 2018 Live and Learn Summer Program, on the University of North Texas-Denton campus.