

Eligibility

On the Move participants must be:

- 18 years of age or older
- Medically stable
- Able to self medicate
- Able to communicate needs
- Independent in self cares
- Not a danger to self or others

Tracks

✓ Please check the tracks that the applicant is appropriate for:

<input type="checkbox"/> <i>Full Day Outings</i>	<input type="checkbox"/> <i>Half Day Outings</i>	<input type="checkbox"/> <i>Workshops</i>
<ul style="list-style-type: none"> • 5 – 8 hour Outings • Independent with personal cares and able to communicate wants and needs • Active: medium to quick paced activities requiring moderate walking* • Lunch included 	<ul style="list-style-type: none"> • 3 – 4 hour Outings • Some assistance with personal care needed • Observing: slower paced activities requiring minimal walking* • Light snack included 	<ul style="list-style-type: none"> • 3 – 4 hour in-house workshops • Some assistance with personal care needed • Zero to moderate walking, depending on workshop • Light snack included

*Accommodations can be made for non-ambulatory individuals as appropriate for *any track*. Space is limited for each activity.

Applicant Information: (print legibly)

New or returning? _____

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email: _____

Date of Birth: _____ SS#: _____

Gender: Male Female Primary Language: _____

Ethnicity: White African American Hispanic Native American Asian Other

Own Legal Guardian (Y/N): _____ Veteran (Y/N): _____

Disability:

- Learning Disability
- Traumatic brain injury
- Autism
- MR Mild/Mod/Severe
- Epilepsy/Seizures
- Physical
- _____
- _____
- _____

Legal Guardian:

Name: _____

Relationship: _____

Phone: _____

Address: _____

Email: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Address: _____

Email: _____

Medical Conditions/Restrictions/Allergies: _____

Medications: _____

Consent Statements

Photos

- I understand that a photo may be taken of me upon entering a Goodwill Program. This photo, if taken, will be kept in my file and used for identification purposes only. I understand that while participating in Goodwill Industries' Program, pictures are taken during the course of activities, outings, and special events. These photos, if taken, will be used for the purpose of sharing and remembering the event among staff, peers, and visitors to the program and to display on bulletin boards, in photo albums, and in scrapbooks at the location where services are held.
- I understand that Goodwill will not sell, duplicate, reproduce, distribute or make other uses of the pictures without prior knowledge and written consent by me. A signed photo consent form will be required for any other use of my picture.

Outings

- I understand that there can be general health or safety risks involved when participating in any community activity and I am willing to accept those risks. I can, at any time, ask for additional information regarding the risks.
- I understand that for community outings that may pose an unusual or significant health or safety risk, a special consent and release will be obtained from me prior to the event.

Emergency Care

- I authorize Goodwill Industries to secure emergency treatment for me as may be necessary. In case of an emergency, the emergency contact person I authorized will be notified.

I HAVE READ THIS FORM, UNDERSTAND ITS CONTENTS AND SIGNIFICANCE, AND AM COMPETENT TO EXECUTE IT OR AUTHORIZED TO EXECUTE IT ON THE PARTICIPANT'S BEHALF. THIS CONSENT WILL REMAIN IN EFFECT UNTIL I REVOKE IT.

Signature of Participant or Legal Guardian

Date