



## Walnut Grove Vocational Farm Participant Application

This form must be completed and filed with DeKalb County Community Gardens (DCCG) at the Walnut Grove Vocational Farm (WGVF) prior to an interview being arranged. The form contains extremely important participant information which is necessary for DCCG staff to maintain a safe learning environment. Filling out this application does not guarantee the participant will be accepted into the program. Please be sure to review all guidelines and rules prior to completing this form.

DCCG works with TransVac to provide transportation to WGVF on **Monday, Wednesday and Friday only**. Participants will be responsible for the cost if they choose to use this service. Please mail the completed form to DeKalb County Community Gardens PO Box 348, DeKalb, IL 60115.

**Please answer all questions in their entirety.**

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

Person completing this form: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Is participant own legal guardian: Yes \_\_\_ No \_\_\_ Partial \_\_\_\_\_

If no, or partial, name of legal guardian: \_\_\_\_\_

### Participant General information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname or the name would like to go by: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Race/Ethnicity \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary phone: \_\_\_\_\_ may we send text messages to this phone? Yes \_\_\_ No \_\_\_

Email: \_\_\_\_\_

### Parent/Guardian Information

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

Address (if different from participants): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ may we send text messages to this phone? Yes \_\_\_ No \_\_\_

Email: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

**Emergency Information**

Emergency contact (other than Parent/Guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency contact will be used if unable to reach parent or guardian at above phone numbers.**

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

Phone: \_\_\_\_\_ may we send text messages to this phone? Yes \_\_\_ No \_\_\_

Doctor's name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

**Authorization for Emergency Medical Treatment**

**I authorize DCCG Staff to arrange for emergency medical treatment, in the event of any injury to above named participant, and if I or my designated emergency contact cannot be reached by DCCG Staff.**

\_\_\_\_\_  
Signature of participant if over 18, Parent or Guardian

\_\_\_\_\_  
Date

**Medical and Health Information**

Does participant have allergies? Yes \_\_\_ No \_\_\_

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

Is the participant subject to seizures? Yes \_\_\_ No \_\_\_ Date of last seizure: \_\_\_/\_\_\_/\_\_\_

Are the seizures controlled by medication? Yes \_\_\_ No \_\_\_

Describe type and frequency: \_\_\_\_\_

**If participant has active seizures, please provide a seizure plan describing what action you take in the event of a seizure.**

**Any participant needing to take medication during their time at Walnut Grove Vocational Farm must complete a medication log and medication authorization form. Medication must arrive in pharmaceutical container with explicit instructions, participants name and the name of the doctor authorizing the prescription. DCCG staff at WGVF will not directly dispense medication. The participant MUST be able to independently dispense their own medication.**

Name of Participant: \_\_\_\_\_

List any medication participant takes (even if not taken during their time at WGVF):

| Medication | Dosage | Frequency |
|------------|--------|-----------|
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |

Has participant had any major accidents or injuries that could affect participation? Yes \_\_\_\_ No \_\_\_\_

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

Are there any doctor's restrictions? Yes \_\_\_\_ No \_\_\_\_

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

Is the participant a carrier of a chronic communicable disease? Yes \_\_\_\_ No \_\_\_\_

Name the disease: \_\_\_\_\_

What is the participants primary disability \_\_\_\_\_

Secondary disability \_\_\_\_\_

If participant has Down syndrome:

Has participant been tested for Atlantoaxial instability? Yes \_\_\_\_ No \_\_\_\_

If tested for Atlantoaxial instability was the result positive? Yes \_\_\_\_ No \_\_\_\_

Circle any devices participant may use/wear during their time at WGVF:

Contact lenses    Orthopedic    Dentures    Glasses    Hearing Aid    Prosthesis devices

Other (Please specify): \_\_\_\_\_

Is participant ambulatory? Yes \_\_\_\_ No \_\_\_\_

Does participant use a wheel chair? Yes \_\_\_\_ No \_\_\_\_ If yes, Manual \_\_\_\_ Electric \_\_\_\_

Does participant willingly transfer? Yes \_\_\_\_ No \_\_\_\_

Name of Participant: \_\_\_\_\_

Please explain transferring: \_\_\_\_\_

Circle other assistive devices used for ambulation:

Cane Walker Brace Crutches Other \_\_\_\_\_

Check communication use: Verbal/speaks clearly \_\_\_\_\_ Verbal/speech is difficult to understand \_\_\_\_\_

Has difficulty expressing needs \_\_\_\_\_ Gestures/points \_\_\_\_\_ Uses sign language \_\_\_\_\_

Uses communication board/schedule/pictures \_\_\_\_\_

Explain any communication needs: \_\_\_\_\_

**Additional Information**

Please answer each of the following questions.

|  | Yes | No |  | Yes | No |
|--|-----|----|--|-----|----|
| Recognizes danger  |     |    | Needs assistance with transitioning  |     |    |
| Can stand for two hours  |     |    | Any settings or activities that might cause behavior difficulties – If yes, please list: |     |    |
| Responds better to Male _____<br>Female _____ Either _____                 |     |    |  |     |    |
| Is using a specific plan for behavior If yes, please attach a copy of plan |     |    |  |     |    |
| Can be bent over for an extended period.                                   |     |    | Needs help in bathroom – If yes, list needs:   |     |    |
| Are there specific behavior management or reinforcement that works best?   |     |    | Can use sharp scissors or pruners  |     |    |
|  |     |    | Can use sharp knives   |     |    |
|  |     |    | Can lift to 20 pounds  |     |    |
| May wander away or run from staff  |     |    | Has sensory needs – Please list:   |     |    |
| Any fears or phobias (fear of dogs, thunderstorms, insects) Please list:   |     |    |  |     |    |
| Is available on Saturday or Sunday to help with retail sales               |     |    | Can work in all kinds of weather (heat, cold, rain)                                      |     |    |

**Please attach any additional information that will assist the participant to be successful at Walnut Grove Vocational Farm.**

Name of Participant: \_\_\_\_\_

What are the expected outcomes from the participant receiving this training?

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If the participant is seeking a job placement would there be a personal assistant supporting the participant during the job?

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Is there transportation available to the participant if placed in a job? And what is the distance the participant is willing to travel for the job?

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How many days and hours would the participant be willing to work a week?

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Name of Participant: \_\_\_\_\_

**Walnut Grove Vocational Farm**

**Important Information**

You are responsible for determining if you or your ward is physically fit and/or adequately skilled for the program contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before under taking any physical activity.

**Warning of Risk**

Walnut Grove Vocational Farm is intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation and instruction there is still a risk of serious injury when participating in the program. All hazards and dangers cannot be foreseen. Certain risks, dangers, and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, and carelessness. In this regard, it is impossible for DeKalb County Community Gardens staff to guarantee absolute safety.

**Waiver and Release of all Claims and Assumptions of Risk**

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your ward might sustain as a result of participating in the program. I recognize and acknowledge that there are certain risks of physical injury to the participant in this program, and I voluntarily agree to assume the full risk of any and all injuries, damage or loss, regardless of severity, that my ward or I may sustain as a result of participation. I further agree to waive and relinquish all claims I or my ward may have (or accrue to me or my ward) as a result of participating in this program against DeKalb County Community Gardens/Walnut Grove Vocational Farm, including its board, executive director, volunteers, and employees.

**I have read and fully understand the above important information, warning or risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

**PLEASE PRINT**

Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Participation will be denied if the signature of adult participant or guardian and date are not on this waiver.**

**Photo Release**

**I/We grant DeKalb County Community Gardens at Walnut Grove Vocational Farm, its representatives, and employees the right to take photographs/videos in connection with activities at Walnut Grove Vocational Farm. I/We authorize DeKalb County Community Gardens to use or publish images/videos in print and/or electronically. I/We agree that DeKalb County Community Gardens may use such photographs/videos with or without my name and for any lawful purpose, including for example such purpose as publicity, advertising, illustration, and web content.**

**I/We have read, understand, and agree to the above photo release statements.**

**PLEASE PRINT**

Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_