**SWEP 2020 YOUTH APPLICATION**

The Oregon Commission for the Blind (OCB) Vocational Rehabilitation Program is excited to offer the *2020 Summer Work Experience Program (SWEP)* to young adults between the ages of 16-20. This application will assist program staff in determining a Youth’s skill level, interests, and capabilities.

**The following is required to complete the SWEP Application:**

[Youth Application](#one)

[Medical Treatment Authorization Form](#two)

[Public Relations & Community Education Release](#photo)

[Copy of your Identification](#four)

Copy of your Health Insurance Card

**Please return your completed application to one of the following:**

1. Email: transition@cfb.state.or.us
2. Fax: (503) 234-7468
3. Your assigned Vocational Rehabilitation Counselor (VRC)
4. Mail: Oregon Commission for the Blind

 Attn: SWEP Planning Committee

 535 SE 12th Ave

 Portland, OR 97214

Deadline for applications: **February 5, 2020**

**PLEASE NOTE:** OCB’s SWEP Selection Committee will ask the applicant to participate in a follow up phone conversation and if needed further assessments in order to determine capabilities such as: Mobility, Technology, Daily Living Skills, Occupational Therapy, or Psychological evaluations. Caregivers may also participate in the phone conversation to support their teen if expressive language barriers are present. **Submitting an application does not guarantee acceptance.**

**YOUTH APPLICATION**

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

|  |  |
| --- | --- |
| **Youth Name**Error! Reference source not found. | **Date of Birth** |
| **Current Address** |  |
| **Parent/Guardian Name(s)** |  |
| **Parent/Guardian(s) Cell #** |  |
| **Parent/Guardian(s) Email** |  |
| **Youth Telephone Cell #** |  |
| **Youth Email**  |  |
| **Current School & Grade Level** |  |
| **Youth’s Dietary Restrictions** |  |
| **Select a Mythical Creature to represent your SWEP Code Name (i.e. Unicorn, Centaur, etc.)** |  |

**What types of Jobs are you interested in this summer? Please list in order of your preferences.**

1.
2.
3.

**Brainstorm and list businesses you may like to work with over the summer:**

*
*
*
*

**Youth’s Skill Interest Areas**

Below are tasks that you may be asked to do during your summer work experience. Please check **ALL** tasks you may be interested in:

[ ] Speaking/interacting with customers [ ]  Caring for animals (Ex: doggie daycare)

☐ Caring for children/infants [ ]  Receiving/processing money/customer payments

☐ Providing information to customers [ ]  Working in the great outdoors

[ ]  Stocking/moving items [ ]  Preparing/serving hot or cold beverages

[ ]  Working with hands/physical labor [ ]  Computer work/office administration

[ ]  Teaching/Mentoring others [ ]  Design, art, engineering or the desire to create

[ ]  Landscaping tasks [ ]  Presenting in front of a group

[ ]  Preparing/serving food/snacks [ ]  Cleaning/organizing

**Volunteer and Work Experience--** What types of in-school work experiences have you done? Any volunteer or paid work in the community? If so, please list tasks preformed:

**Please list Foreseeable challenges - Job environments or situations in which you are NOT likely to be successful** (e.g., “extremely shy in public”)**:**

**What are your top three strengths?**

**What other information you would like us to know?**

**MEDICAL TREATMENT AUTHORIZATION FORM**

This form grants temporary authority to SWEP staff members to provide and arrange for medical care for a minor in the event of an emergency or in cases of daily health maintenance, including administration of over the counter medications and prescribed medication brought from home, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

**YOUTH INFORMATION**

Full Legal Name: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns (ex. She/Her, He/Him, They/Them, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency, please notify:  at this phone number: **\_\_\_\_\_\_\_\_\_\_\_\_**

Emergency Contact’s relationship to youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

Please note allMedical Conditions, recent surgeries, healthcare concerns that affect the Youth.

Please list all **Medications** Youth is currently taking (including non-prescription meds):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication Name | What is medication for? | Dose & Frequency *(Ex. 5 mg, 2 times a day)* | Scheduled Time of Day | Medication Instructions |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Is the Youth independent in taking their medications: [ ]  Yes [ ]  No

Are reminders to take medications needed? [ ]  Yes [ ]  No

Has the Youth misused or stopped taking their medications against medical advice? [ ]  Yes [ ]  No

Please list all **Allergies** in the following categories. If no allergies, please check box here. [ ]

* Medications:
* Food:
* Environmental:
* Other:

If present, please describe allergic reaction (i.e. mild, moderate, severe/life threatening) and treatment:

**OVER THE COUNTER MEDICATIONS & CARE ITEMS**

Listed below are the “as needed” medications and items we have on hand for youth. Please look over the list and cross out the medications you do not want the youth to have.

* Acetaminophen
* Antibiotic ointment
* Benadryl
* Sunburn gel
* Cough drops
* Cough Syrup
* Hydrocortisone Cream
* Ibuprofen
* Insect Repellent
* Refresh eye drops
* Sunscreen
* Tums
* Vaseline

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)** I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for SWEP Staff Member (hereafter “Designated Adult”) to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

**LIABILITY RELEASE AND WAIVER**

I recognize and acknowledge that the purpose of the Summer Work Experience Program (SWEP) is to provide a work experience and to assist youth to develop various skills including independent living. I further acknowledge that the Oregon Commission for the Blind, through SWEP, does not act as the guardian of the participants and is not responsible for their conduct. I agree to release and hold harmless the State of Oregon, Oregon Commission for the Blind, through SWEP, their officers, employees and agents for any damage or injury to myself or to property arising out of or in any way related to activities of SWEP, whether caused by the negligence of SWEP or for any other reason.

This authorization is effective through **August 31, 2020.**

**Parent / Legal Guardian (if Youth is under 18)**

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SWEP Youth**

* Printed name:
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness**

* Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date signed by all parties (month/day/year): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Public Relations & Community Education Release**

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

The Oregon Commission for the Blind’s (OCB) agency mission includes providing information to the public that can enhance their awareness of issues and successes pertaining to vision loss and blindness. I agree to allow OCB to use any videos, audio recordings or photographs in which I appear, for the purposes of community education and awareness.

Signature of parent/guardian (if Youth is under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

( [ ]  ) I do not wish to participate and I do not give my consent

 **COPY OF IDENTIFICATION**

 **List Of Acceptable I-9 Documents**

All participants must arrive at SWEP with the necessary identification documentation in order to complete the I-9 form (federally required to perform any job in the U.S.). **Please send us a copy of your identification, either one selection from List A or a combination of one selection from List B and one selection from List C**.

ALL DOCUMENTS MUST NOT BE EXPIRED

**List A - Documents that Establish Both Identity and Employment Authorization**

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
	1. Foreign passport; and
	2. Form I-94 or Form I-94A that has the following:
		1. The same name as the passport; and
		2. An endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
6. A passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

**List B - Documents that Establish Identity**

1. Driver's license or ID card issued by a state or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
10. Health Insurance Card

(For persons under age 18 who are unable to present a document listed above):

1. School record or report card
2. Clinic, doctor, or hospital record
3. Day-care or nursery school record

**List C - Documents that Establish Employment Authorization**

1. A Social Security Account Number card, unless the card includes one of the following restrictions:\*
(1) NOT VALID FOR EMPLOYMENT
(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security