



ROAD TO INDEPENDENCE
VOLUNTEER and PARTICIPATANT
APPLICATION



29 Main St., Newport, NH 03773
aurorabakerynh@gmail.com | rtivtp@hotmail.com

PERSONAL INFORMATION:

(This application is used for participants and volunteers, please fill out what is applicable for you.)

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email Address: _____

Date of Birth: _____

Emergency Contact: _____ Phone: _____

Relationship: _____ Alt. Phone: _____

Circle all areas you would be interested in volunteering for.	
Bakery	Community Events- Bakery Booths
Farm	Community Events- Donkey Visits

Brief description of Disability: _____

Does Participant have a Job Coach? YES ___ NO ___ If YES,

Name of Job Coach _____ Phone _____

MEDICAL INFORMATION:

Primary Physician _____ Phone _____

Are you currently taking any Medications? YES ___ NO ___ If YES, please list: _____

Are there any side effects of current Medications? YES ___ NO ___ If YES, please
describe: _____

Is there a medication schedule we should be aware of? _____

Have you ever had SEIZURES? YES ___ NO ___ If YES, date of last seizure

Describe the type of seizure _____

Do you have ALLERGIES? YES ___ NO ___ If YES, please list _____

COMMUNICATION:

- Can participant make needs known to job coach? YES ___ NO ___
- Does participant have difficulty speaking or communicating? YES ___ NO ___
- Do others have difficulty understanding participant? YES ___ NO ___
- Does participant have difficulty remembering things? YES ___ NO ___
- Does participant have difficulty in learning new things? YES ___ NO ___
- Does participant have difficulty following directions? YES ___ NO ___
- Does participant have difficulty hearing? YES ___ NO ___

IF YES, to any questions, PLEASE EXPLAIN: _____

Useful phrases or words that work best with participant: _____

Are you currently working/ attending school/ volunteering? YES ___ NO ___

If YES, how long is your average school / work day? _____

Please provide any other details that may help you get the most from our vocational training program: _____

PERSONAL CONCERNS (Please check if this is a Concern)

- Activity Involving Mixer
- Activity Involving Stove
- Activity Involving Hot Water
- Activity Involving Money
- Difficulty with Lifting/Strenuous Activities
- Difficulty with Walking/Unsteadiness
- Communication
- Safety Awareness
- Hearing Aids
- Sight/Glasses
- Behaviors

Details regarding any of the concerns checked above? _____

Has applicant ever been convicted of a crime? Yes _____ No _____

If yes, please explain: _____

How did you hear of our program? _____

AVAILABILITY (Fill in Times Available)

Monday	Tuesday	Wednesday	Thursday	Friday

Is application being prepared by the applicant? Yes _____ No _____

If no, who is the preparer? _____

Signature of Guardian, or Individual's Own Signature if own Guardian

Signature

Date

*References may be required, upon request.