



## **STRIVE TWEENS MEMBERSHIP FORMS**

SOCIALIZATION • TRANSITION • REFLECTION • INNOVATION • VOCATION • EDUCATION

### **OVERVIEW:**

STRIVE is a non profit organization that focuses on serving teens and young adults with developmental disabilities through socialization, education and employment training opportunities. Tweens is one of STRIVE's newer programs created in direct response to a need for social activities for middle aged students. STRIVE Tween Socials are held at STRIVE from 3:30 to 5:30pm every Friday. This program is specifically designed for 11 to 14 year olds and is modeled after the STRIVE Friday Night Social.

### **CANCELLATION POLICY:**

In the event of a Tween Social cancellation, a decision will be made by 1pm on that Friday and posted on the STRIVE website: [www.pslstrive.org](http://www.pslstrive.org), as well as run on the local television news tickers. If you have questions please feel free to call the office at 207-774-6278.

### **ELIGIBILITY CRITERIA**

- ⊕ Be 11-14 years old to participate in the Tweens program.
- ⊕ Student must be able to provide personal care and/or provide support to assist.
- ⊕ Provide STRIVE with a completed application packet prior to participation in programs.
- ⊕ Demonstrate an interest in participating in STRIVE programs.
- ⊕ In order to keep STRIVE a safe place, STRIVE retains the right to decide if a member needs to accompanied by a guardian or if appropriate staff is required.

### **FOR MORE INFORMATION OR QUESTIONS**

Contact: J.P. Deckert, Program Manager  
28 Foden Road, South Portland ME 04103  
Tel: (207) 774-6278 Fax: 207-774-7695  
Website: [www.pslstrive.org](http://www.pslstrive.org)



# STRIVE TWEENS MEMBERSHIP FORMS

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Please fill out the application completely.

Information must be complete and all parts returned in order to participate in any STRIVE Sponsored Programs.

Please print clearly:

Member's Full Name \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Member Guardian Status (please circle one) SELF PARENT OTHER \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## MEMBER INFORMATION:

Please complete the following section as thoroughly as possible. This information enables us to plan a safe and successful experience for the member.

DISABILITIES: (Please check any that apply and add any additional under "other")

- ADD \_\_\_      Autism \_\_\_      Diabetes \_\_\_      PDD \_\_\_
- ADHD \_\_\_      Bi Polar \_\_\_      Dual Diagnosis \_\_\_      Quadriplegic \_\_\_
- Asthma \_\_\_      Blind \_\_\_      Down Syndrome \_\_\_      Scoliosis \_\_\_
- Apraxia \_\_\_      Brain Injury \_\_\_      Intellectual Disability \_\_\_      Seizure Disorder \_\_\_
- Arthritis \_\_\_      Cerebral Palsy \_\_\_      OCD \_\_\_      Spina Bifida \_\_\_
- Aspergers \_\_\_      Deaf \_\_\_      Paraplegic \_\_\_

OTHER: \_\_\_\_\_

Please circle all that apply:

|                 |     |                      |     |                     |                       |
|-----------------|-----|----------------------|-----|---------------------|-----------------------|
| Uses Wheelchair | Y N | Has Seizures         | Y N | Has Catheter        | Y N                   |
| Uses Walker     | Y N | Takes Medication     | Y N | Loose Stool         | Y N                   |
| Wears Braces    | Y N | Wears Collection Bag | Y N | Wears Helmet        | Y N                   |
| Uses Crutches   | Y N | Incontinence         | Y N | Has Shunt           | Y N                   |
| Has Allergies   | Y N | Has Special Diet     | Y N | Chair Repositioning | Y N (Every ___ hours) |

Please describe in detail what assistance is needed in the areas noted above: \_\_\_\_\_  
\_\_\_\_\_

Communication: How does the member communicate? Please note any special signs or gestures if applicable.  
\_\_\_\_\_

**FOOD ALLERGIES:** If the student has food allergies, please give us more information

| FOOD  | REACTION | TREATMENT |
|-------|----------|-----------|
| _____ | _____    | _____     |
| _____ | _____    | _____     |
| _____ | _____    | _____     |

**BEHAVIORAL CONCERNS:**

Please describe any behavioral issues \_\_\_\_\_  
\_\_\_\_\_

Does the student exhibit aggressive/ confrontational behavior (i.e. bullying, fighting, antagonizing, name calling etc.)?  
If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Any hospitalizations due to non-medical reasons? Y N If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
**PHOTO RELEASE**

I DO \_\_\_ consent to and authorize the use and reproduction by STRIVE of any and all photographs and any other audio-visual materials taken of participant for promotional materials, educational activities, exhibitions or for any use for the benefit of the program.

\_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
**Date Signature: Legal Guardian** **Print name of Legal Guardian**

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- I would like to receive the STRIVE Monthly Newsletter
- Please contact me about how I may help
- I am interested in Fundraising (Dance Marathon, Annual Auction, etc.)

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**TRANSPORTATION ALERT**

(Alerts us to people you DO NOT want to pick up the student) As a parent or legal guardian, I DO NOT authorize my student to be released/picked up by the following persons. I will notify, in writing, STRIVE U Experience of any changes in this information.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
**Date Signature: Legal Guardian** **Print name of Legal Guardian**