

Date of Application: _____

Applicant Information

Applicant name: _____
First Last

Date of birth: (mm|dd|yyyy) _____ Age: _____ Male Female

Disability/Diagnosis: _____

Has a full time education assistant Has a part time education assistant No education assistant

Parent/Caregiver/Guardian Information

Name: _____
First Last

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

In Case of Emergency:
 Contact name & Phone number _____

Recreation Program(s) Requested - Write down program information below:

| Program Name | Program Barcode | Dates of Program (i.e. July 9 - July 13) | Time of Program (i.e. 10:00 hrs - 21:30 hrs) | Location of Program |
|--------------|-----------------|---|---|---------------------|
| | | | | |
| | | | | |
| | | | | |

Participant Behaviour and Support Needs

What are the participant's strengths, interests, and preferred activities?

Comment briefly on participant’s moods and how to motivate (ie. Anxious, happy, excitable, shy, etc.)?

Behaviours

| | | | |
|-----------------------|--|--------------------------------------|--|
| Easily discouraged | <input type="checkbox"/> Yes <input type="checkbox"/> No | Interacts well with peers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Easily distracted | <input type="checkbox"/> Yes <input type="checkbox"/> No | Interacts well with adults | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hyperactive | <input type="checkbox"/> Yes <input type="checkbox"/> No | Wanders from group | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shouts/Screams | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stops/Responds to hearing their name | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physically aggressive | <input type="checkbox"/> Yes <input type="checkbox"/> No | Recognizes danger | <input type="checkbox"/> Yes <input type="checkbox"/> No |

What are some triggers for these above behaviours? What strategies are used at home/school to redirect the behaviour?

What is the best way to transition participant from activity to activity?

Which is most effective for participant’s learning?

| | | | |
|--------------------------------------|--|----------------------------|--|
| Demonstrations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Written/Drawn instructions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical assistance (hand over hand) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Verbal cues | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Equipment/Adaptations | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Other: _____

Please submit completed application:

By fax: 604-927-6919 OR **By email:** volunteers@coquitlam.ca
In person to: Poirier Sport & Leisure Complex – 633 Poirier Street, Coquitlam, BC V3J 6A9
City Centre Aquatic Complex – 1210 Pinetree Way, Coquitlam, BC V3B 7T8

Date of Application _____ **Signature:** _____

To discuss your support needs:

Recreation Access - Recreation Buddy Support
Tel: 604-927-6922 Fax: 604-927-6919
Email: volunteers@coquitlam.ca

*****Personal care assistance (transferring, toileting, changing, feeding, administering medication) is not provided. Availability of support varies - if volunteer support is not available, a full refund will be given*****