Spark! Participant Membership Form

The following information will help us to provide you and others the best quality of service. This information is kept in the strictest confidence, and will not be shared with any individual or organization in any way or form. Please do not answer any questions that make you uncomfortable. However, we really do need your name and home town.

Please check any and all of the following that fits you:

1. Regular Daily or Friday Fun Night Attendee _____
2. Support Person ____
3. Volunteer ____

[Please complete following items as relevant for you]   Date _____

Name _____   Date of birth _____

Full Address (physical one)

_____

Phone - Cell _____   Home _____

Email _____

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If Daily/Weekly Attendee, please complete items below:

Emergency contact person _____ Relationship _____

Phone _____   Email _____

Do you have any medical conditions that we should know about? ___Y ___N   If so, what ones

_____

_____

Any allergies _____

Dietary Needs or Restrictions _____

_____

Last school you attended _____   Graduate? ___Yes ___No

Were you on an IEP or 504 Plan? ___Yes ___No   If so, what for ___ _____

Do you attend Spark! with a support worker? ___Y ___N What agency _____

Do you need any accommodations? ___Y ___N   If so, what ones ___ wheelchair access

        ___elevator ___sensory   ___Other_____

What Spark! activities do you use - check any or all   ___ Daily Drop-In ___Friday Fun Nights

        ___ Cooking Class ___Art Class ___Daily Games/Recreation ___ Arts & Crafts

        ___Other Educational Programs or Classes_____

What other possible activities or events would you like to see Spark! offer you?

        ___Life Skills ___Social & Sexual Relationship Skills ___Art ___Yoga class

        ___Computer training ___Trips ___Sports activities

        Other Suggestions_____

Thank you for your information. It will help Spark! better serve you.

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[Accompanying this form will be the permission for Photos]

[I see this form being filled out by Daily/Weekly Attendees and/or with their caregiver; but/and also in an interview with a Spark staff member - over time and as they are able to meet with the participant]

[areas open for discussion and possible change: 1) categories and names of categories of people filling out form, - we hope to capture ALL people involved with Spark for annual meeting voting purposes, and for grants and other purposes - 2) how to sensitively capture the type of 'special need' of participants. Any ideas and language?? Data is especially needed for some grants.]