# **Preparing to THRIVE Application Form**

## **Personal Information**

Applicant Name Click here to enter text.

Date of Birth Click here to enter a date.

Permanent Mailing Address Click here to enter text.

Gender Click here to enter text.

Preferred Pronoun(s) Click here to enter text.

Phone Number Click here to enter text.

E-mail address Click here to enter text.

Are you your own legal guardian?  Yes  No

Parent/Guardian (and phone number if different from above) Click here to enter text.

Emergency Contact name and phone/e-mail (if different from above) Click here to enter text.

Brief description of disability(ies) Click here to enter text.

Do you currently drive?  Yes  No

Do you have plans to get their driver’s license in the next year?  Yes  No

Are you able to independently access the community using alternative transportation if needed?  Yes  No

If yes, please select methods of transportation

Transfort/Bus System Dial-A-Ride SAINT Taxi Family/Friends Bike Walk Other: Click here to enter text.

Is the participant able to use this method of transportation to get to/from the THRIVE program activities at Colorado State University?  Yes  No

Do you have a social security number/card?  Yes  No

Do you have a Colorado State ID? (For applicants seeking a paid work experience/internship as part of THRIVE)  Yes  No

Do you have a criminal history?  Yes  No

If yes, please answer the following:

Misdemeanor or felony?  Yes  No

Currently on Probation?  Yes  No

Do you have a current problem with drug or alcohol use?  Yes  No

If yes, please answer the following:

If yes, are you currently in a treatment program?  Yes  No

What program? Click here to enter text.

## **Education Information**

High School Attended Click here to enter text.

Dates Attended High School Click here to enter text.

Have you graduated high school?  Yes  No

If yes, date of graduation: Click here to enter a date.

If no, anticipated graduation: Click here to enter a date.

Did you receive accommodations through an IEP or 504 plan? IEP  504  No

If yes, please briefly describe accommodations received: Click here to enter text.

Please list any other education or training the applicant has received (trade school, college, certifications, etc.) Click here to enter text.

Have you attended a transition program during high school? Yes  No

If yes, please select which program was attended and indicate years attended

**Alternative Cooperative Education** Years Attended Click here to enter text.

**Front Range Career and Technical Education Programs**. Years Attended Click here to enter text.

**Professional and Community Experience.** Years Attended Click here to enter text.

**School-To-Work Alliance Program**. Years Attended Click here to enter text.

## **Service Agency Connections**

Are you currently receiving services from Division of Vocational Rehabilitation? (DVR)

Yes  No  Applied, but not currently receiving services  I don’t know what this is

If yes, please provide counselor’s name and phone number: Click here to enter text.

Are you currently receiving services from Foothills Gateway, Inc?

Yes  No  Applied, but still on the waitlist  I don’t know what this is

If yes, please indicate type of services being received:

**Comprehensive services** (COMP)

**Supported Living Services** (SLS)

**Family Support Services Program** (FSSP)

**Not sure**

If yes, please provide case manager’s name and phone number: Click here to enter text.

Please list any other community service agencies or supports being utilized: Click here to enter text.

## **THRIVE Specific Questions**

*Please select which of the following career areas are you most interested in learning about.*

**Agriculture:** Agricultural technician; Farmers or ranchers; Nursery and greenhouse workers

**Animal Sciences:** Veterinary assistant; animal care provider; Veterinary technician/tech assistant; Wildlife Biology

**Business/Office:** Bookkeeping/Accounting; Administrative support professionals; Office Machine/Copy machine operator; Print Shop assistant; Marketing; Office Management; Receptionist/Scheduler; File Clerk

**Food Service:** Waiters and Waitresses; Dietary Aide; Dishwashers; Cook/Line Cook; Food Preparation worker; Dining Room and Cafeteria Attendants; Dietitians ad nutritionists; Barista/Coffee Shop attendant; Baker

**Healthcare/Health Services:** Nursing/Nurse Assistant; Rehabilitation Aide; Personal Care Provider; Certified Nursing Assistant; Medical Records technician; Laboratory technician

**Hospitality:** Hotel staff/concierge; Food servers (non-restaurant); Ushers/Lobby Attendants/Ticket Takers (movie theaters or events); Recreation aide/clerk; Housekeeping/Laundry

**Manufacturing:** Quality Assurance technician; Packaging; Warehouse associate; Woodworking; Welding; Machinist

**Natural Resources:** Forestry; Park Ranger; Outdoor Recreation; Biology; Environmentalist

**Retail:** Retail Salesperson; Cashiers; Sales agent; Sales associate; Customer Service Representative; Bank Tellers; Stock Clerks; Cashiers/Courtesy Clerks (Grocery stores)

**STEM/Technology:** Information technology; Computer analysis; Scientist/Research lab assistant; Computer repair; Engineers; Software developers; Graphic designer; Computer network support technician; Database administrator/Data entry

**Other** (please describe): Click here to enter text.

**Not Sure**

*Which of the following group activity areas are you most interested in learning more about? Check all that apply*

**Personal Strengths/Challenges**

**Disability Disclosure at Work**

**Accommodations at Work**

**Job Search and Applications**

**What do Employers Look for?**

**Resumes and Cover Letters**

**Interviewing**

**Networking and Social Media**

**Soft Skills in the Workplace** (ex: Communication, professionalism)

**Self-Advocacy**

**Financial Literacy**

**Not Sure**

Have you had any paid or unpaid work experience? (Internships, volunteering, paid jobs)  Yes  No

If yes, please describe: Click here to enter text.

Have you ever quit a job and/or internship?  Yes  No

If yes, please explain: Click here to enter text.

In your own words, please describe why you want to be involved with Preparing to THRIVE this summer? Click here to enter text.

**Email the completed form to** [**contactccp@colostate.edu**](mailto:contactccp@colostate.edu)