



Summer Camp Participant Application



PARENTS ALLIANCE EMPLOYMENT PROJECT

What are the requirements to be participant?

- *Must be 18-24*
- *Must have proof of disability (IEP/DRS paperwork/doctor's note or records)*
- *Must have a desire to learn about the manufacturing industry*
- *Ability to pass a drug screen and background check, if needed*
- *Must be able to display appropriate behaviors and safety awareness within a manufacturing environment.*
- *Have independent hygiene and grooming skills*
- *Be able to access public transportation (travel training provided by program)*

Selection Process Guidelines:

1. Submit the completed application packet by **May 15th, 2025**. Please include application packet, and proof of disability.

**Kiersten Lira,
Program Manager
Parents Alliance Employment Project
2525 Cabot Drive, Suite 205
Lisle, IL 60532
630-449-2707
klira@parents-alliance.org**

2. Applicants will be invited in to meet with Program Manager for an onsite working interview.

Camp funded by:



Applicant Information:

First Name: _____ MI: _____

Last Name: _____ Birthdate: _____

Street Address: _____

City: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Race: _____ Gender: _____

Primary Disability: _____ Secondary Disability: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Employment History:

Please use the following tables to provide any job experiences (paid, unpaid, vocational training, volunteer, etc.) List most recent work history first:

Employer:	Job Title:	
Address:	City:	Zip Code:
Supervisor & Title:	Contact Number:	Dates of Employment:
Employer Email:	Hours Worked:	Wage:
Job Duties:	Reason for Leaving:	

Employer:	Job Title:	
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Employer Email:	Hours Worked:	Wage:
Job Duties:	Reason for Leaving:	

Employment Preferences & Skills:

What is your current career of interest?

Are you interested in looking for paid employment currently? Please check both if applicable:

Full-time (40+hours/week): ☐ Part-time (Under 40 hours/week): ☐

Are you willing to work holidays and /or weekends?

Yes ☐ No ☐

What kind of work would you absolutely NOT like to do?

Hours of availability - List beginning and ending hours for each day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:							
End:							

List any activities currently involved in outside of camp (school, recreational activities, counseling, etc.):

I want to get a job and be independent Yes ☐ No ☐

My family supports the goal of competitive employment in the community Yes ☐ No ☐

I get to school, work, or other appointments on time and independently Yes ☐ No ☐

After lunch or a break, I get back to class or work on time Yes ☐ No ☐

I know how to tell and keep track of time	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am able to count money and make change accurately	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I stay on task until it is finished	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If interrupted, I can return to the task and finish it	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I can access personal information to complete a paper application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have had experience with completing online applications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I know how to answer common interview questions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I ask for help when I need it	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Transportation:

How do you plan to get to camp?

- ☐ I have my own car, driver's license, and insurance
- ☐ I know how to use public transportation
- ☐ I am willing to learn to use public transportation
- ☐ I use door-to-door or para-transit system independently (Ride DuPage/Ride in Kane/RAP Uber)
 - ☐ Parents or guardian makes appointment for me
 - ☐ I make my own appointment
- ☐ I have family members/other who are willing to provide on-going transportation

Other transportation options:

Education:

High School Name	Address	Graduation Month/Year	Did you receive your diploma/GED?
College or University Name	Address	Graduation Month/Year	Degree/Certificate

Attendance at Work, Day Programs, Leisure Activities, or Class:

- ☐ I have had no absences or tardies within the past year
- ☐ I have had 1-5 absences or tardies within the past year
- ☐ I have had 5-10 absences or tardies within the past year
- ☐ I have had 10 or more absences or tardies within the past year
- ☐ I have a medical condition that requires frequent hospital stays/excessive doctor/clinic visit

Independent Living Skills & Self Care:

Medications taken by participant:

Medication	Dosage	Purpose	Side Effects

List any health or medical issues that we should be made aware of:

Please explain challenges, limitations or accommodations needed:

What activities or hobbies do you enjoy doing in your free time?

Name 3 major strengths or talents that you possess.

Name 3 weaknesses that you would like to work on, or is there anything in your personal life that you want to improve on?

I can prepare a lunch or a snack	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand what foods are good for me	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I know how to handle money/make change	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have my own bank account	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I can be on my feet for 4 hours without breaks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am independent with toileting needs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I take daily showers/baths without reminders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am able to dress appropriately for the weather	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I can read a digital clock and tell time	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I can read a face clock and tell the time	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I can make an appointment by phone	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I can be home alone	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I do chores such as making the bed and taking out the trash	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am able to stay awake for 6-8 hour day	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have reliable transportation to get to Inspired by Ability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I followed my school dress code or work uniform	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I can write on my own Yes ☐ No ☐

I am on time for my appointments or work day Yes ☐ No ☐

Communication & Behavior:

I respond when someone speaks to me Always ☐ Sometimes ☐ Never ☐

I make eye contact when talking to others Always ☐ Sometimes ☐ Never ☐

I use an appropriate tone of voice Always ☐ Sometimes ☐ Never ☐

I am comfortable starting a conversation Always ☐ Sometimes ☐ Never ☐

I engage in appropriate conversations Always ☐ Sometimes ☐ Never ☐

I use appropriate body language Always ☐ Sometimes ☐ Never ☐

I am aware of personal space Always ☐ Sometimes ☐ Never ☐

I swear/use profanity inappropriately Always ☐ Sometimes ☐ Never ☐

I lose my temper with others Always ☐ Sometimes ☐ Never ☐

I display aggressive behaviors Always ☐ Sometimes ☐ Never ☐

I use a cell phone at appropriate times Always ☐ Sometimes ☐ Never ☐

I am easily understood by others Always ☐ Sometimes ☐ Never ☐

I sometimes have trouble getting my message across to others
Always ☐ Sometimes ☐ Never ☐

I use adaptive equipment to communicate Always ☐ Sometimes ☐ Never ☐

I do not engage in flirting, inappropriate touching or public displays of affection such as holding hands hugging or kissing
Always ☐ Sometimes ☐ Never ☐

I work cooperatively with others Always ☐ Sometimes ☐ Never ☐

I talk about the same topics over and over again
Always ☐ Sometimes ☐ Never ☐

I use an interpreter and /or sign language to communicate
Always ☐ Sometimes ☐ Never ☐

I have acted aggressively in a school/work setting
Always ☐ Sometimes ☐ Never ☐

References:

Please list three Non-Family References (People who have Firsthand Knowledge of your work preference). *By providing the following references you allow PAEP staff to perform a reference check. *

	Name	Address	Phone number	Email	Relationship
1.					
2.					
3.					

Applicant/Parent/Guardian Consent:

1. By signing this application, you are agreeing to release the above information to Parents Alliance Employment Project. The use of the provided information will be kept confidential and will only be shared by the aforementioned parties unless otherwise specified.
2. Offer of selection is contingent upon completion of the full application, participation in interview day, and is at the sole discretion of the Parents Alliance Employment Project team.
3. Equal Opportunity: Parents Alliance Employment Project provides equal opportunities to all applicants and participants and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of participation, including application, selection, placement, follow up, termination, leave of absence, and training.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____