Life Skills Summer Series

Adult One Week Interactive Camp for Adults with Intellectual and developmental disabilities

Monday—Friday from 9:00am to 2:00pm

Life Skills Reviewed:
- Money Skills (Safety and Handling)
- Communication & Boundaries
- Community Safety
- Drama Club
- Computer Skills (Basics/Coding)
- Daily Living Skills
- Employment Exploration
- Cooking

At the end of the two weeks, participants will receive a report outlining their strengths, employment exploration assessment and progress. As well as new relationships to last a lifetime.

Who Could Benefit From This:
- Individuals 18+
- Considering Deferment
- Considering Adult Day Training programs
- Someone wanting a new experience

Cost:
- $100 flat fee per 5 day session.
- Entry fee for outings included.

Summer Session:
- 06/05/23—06/09/23
- 06/26/23—06/30/23

Contact Jessica Tursi for more information:
jessicaavalos@goodwillswfl.org or 239-995-2106 ext. 2301
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Summer Session:
- 07/10/23—07/14/23
- 07/24/23—07/28/23

Contact Jessica Tursi for more information:
jessicaavalos@goodwillswfl.org or 239-995-2106 ext. 2301
GENERAL ADMISSION CRITERIA

Individuals considered for admission to Pathways to Opportunity program must be eligible for services under the State of Florida, Agency for Persons with Disabilities (APD)/Florida Medicaid Waiver program or meet Federal Criteria for Developmental Disability (i.e. an individual with severe function limitation in three (3) or more major life activities). Goodwill Industries of Southwest Florida, Inc. does not discriminate on the basis of race, creed, color, sex, age, national origin, or veteran status.

The Pathways to Opportunity program's Life Skills Series will adhere to guidelines in Florida Administrative Code Rule 65G3.002 regarding all admissions to services. Additionally, individuals considered for admission must meet the following criteria:

1. Be at least 18 years of age
2. Must have transportation to and from program site.
3. Demonstrate a reasonable expectation for full program participation.
4. Able to benefit from participation in the program.
5. Competency in basic personal care skills (toileting, dressing, and feeding). *
6. Ambulatory or mobile non-ambulatory. *
7. Substance abuse in full remission
8. Possess functional communication skills. *
9. Controlled medication (self-medicate) and/or physical condition.*
10. Impairment or conduct not dangerous to self or to others.
11. Demonstrate no serious danger to others, staff, themselves, or property – no recent history of aggressive or violent behavior.
12. Does not have a felony arrest or conviction.
13. Relevant referral information on file which includes current medical, psychological evaluations documenting stability of disability condition, and criminal history if applicable.

* Goodwill may be able to serve if resources can be arranged for person served.

The Pathways to Opportunity program’s Life Skills Series is NOT staffed or equipped to provide services to individuals with:
- Feeding tubes, tracheotomies, ostomies, indwelling catheters
- Pressure sores requiring medical intervention
- Other physical conditions requiring on-site medical care
- Behavioral issues resulting in:
  - Sexual assault
  - Physical assault
  - Serious self-injury
  - Use of physical or mechanical restraints
  - Suicide attempts

Each individual who begins receiving services in the Pathways to Opportunity program will be subject to a probationary period of ninety (90) calendar days. During this period, the appropriateness of the individual’s placement will be evaluated in relation to the admission criteria described above. Goodwill Industries of Southwest Florida, Inc. will adhere to all standards outlined in the Florida Administrative Code Rules 65G-3.003, 65G-3.004, 65G-3.005, regarding reduction, suspension, or termination of services.
Mission: Serving people with disabilities and disadvantages by offering life-changing opportunities to achieve independence.

Community Support Services - 5100 Tice Street - Fort Myers, Florida 33905 - 239.995.2106

PATHWAYS TO OPPORTUNITY - Life Skills Series Admission Application

Applicant: the following information MUST be attached for consideration:

Application Date: ____________________________

Section 1 - Personal Information:

Legal Name: ____________________________
Nick Name or Preferred Name: ____________________________
Street Address: ____________________________ Phone Number: ____________________________
City, State, Zip Code: ____________________________ Alternate Phone Number: ____________________________
Social Security Number: ____________________________ Medicaid Number: ____________________________

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Gender</th>
<th>Race</th>
<th>Ethnicity</th>
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Does individual have a legal guardian?  ☐ Yes  ☐ No Type of guardianship: ____________________________
Name of Guardian: ____________________________ Phone Number: ____________________________
Guardian Email: ____________________________ Alternate Phone Number: ____________________________

Emergency Contacts:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Complete Address</th>
<th>Phone Number</th>
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<tr>
<td>Legal Guardian</td>
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Schedule:
Please check the boxes for the days of interest
☐ Monday    ☐ Tuesday    ☐ Wednesday    ☐ Thursday    ☐ Friday

Living Situation:
☐ Family    ☐ Group Home    ☐ Independently    ☐ Other: ____________________________

Supervision Level:
Please list how much alone time you (applicant) have: Minutes:_________ Hours:_________ Days:_________
Please circle the range of supervision you (applicant) require:

<table>
<thead>
<tr>
<th>Hearing</th>
<th>Visual</th>
<th>Arms Reach</th>
<th>Visual Checks-15 minutes</th>
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Please circle the appropriate ratio you (applicant) should be in for classes: 1:1   1:3   1:5   1:10
Do you (the applicant) have a job?  ☐ Yes  ☐ No  If Yes, what is the current Job and/or Work Location: __________________________________________________________

Are you (the applicant) currently attending an Educational Program?  ☐ Yes  ☐ No

Section 2 - Program Information:
How will tuition be paid?
☐ Private pay  ☐ Medicaid Waiver (iBudget)  ☐ Other: ________________________________

Is applicant registered with Florida’s Agency for People with Disabilities (APD)?  ☐ Yes  ☐ No

Is the applicant “waitlisted” for Florida’s Medicaid Waiver (iBudget)?  ☐ Yes  ☐ No

Does applicant have Florida’s Medicaid Waiver (iBudget)?  ☐ Yes  ☐ No  If yes, complete information below.

<table>
<thead>
<tr>
<th>Name of Support Coordinator</th>
<th>Phone Number</th>
<th>Email</th>
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Section 3 - Individual Questionnaire - Please take the time to complete the following list of questions.

How best do you (the applicant) communicate with those around you? (check all that apply)

☐ Verbally  ☐ Gesture  ☐ Lip Reading
☐ ASL  ☐ Non-Verbal  ☐ Written Communication
☐ Device  ☐ Picture Board  ☐ Other: __________________________________________________________

Personality Questions - Do/Can you (the applicant).....

1. ...independently carry on a conversation with others?  ☐ YES  ☐ NO  ☐ Sometimes
2. ...follow simple requests?  ☐ YES  ☐ NO  ☐ Sometimes
3. ...able to understand simple sentences?  ☐ YES  ☐ NO  ☐ Sometimes
4. ...independently plan leisure time?  ☐ YES  ☐ NO  ☐ Sometimes
5. ...engage in hobbies?  ☐ YES  ☐ NO  ☐ Sometimes
6. ...develop friendships?  ☐ YES  ☐ NO  ☐ Sometimes
7. ...take direction well?  ☐ YES  ☐ NO  ☐ Sometimes
8. ...work well as part of a team?  ☐ YES  ☐ NO  ☐ Sometimes

Behavior Questions - Do/Can you (the applicant).....

9. ...engage in aggressive, violent or self-abusive behaviors?  ☐ YES  ☐ NO  ☐ Sometimes

If Yes or Sometimes – Explain: __________________________________________________________

10. ...have a Behavior Support Plan (BSP)  ☐ YES  ☐ NO  ☐ Sometimes
   (If Yes, then attach to application)  ☐ Attached
### PATHWAYS TO OPPORTUNITY Admission Application

11. ...stay with the group during activities?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

12. ...interact appropriately with peers?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

13. ...are you appropriate with respect to sexual behaviors?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

   **If No or sometimes – Explain:**

<table>
<thead>
<tr>
<th>Assistance Questions</th>
<th>YES</th>
<th>NO</th>
<th>Sometimes</th>
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</thead>
<tbody>
<tr>
<td>14. ...need assistance eating?</td>
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</tbody>
</table>

   **If Yes or Sometimes – Explain:**

<table>
<thead>
<tr>
<th>Assistance Questions</th>
<th>YES</th>
<th>NO</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. ...successfully leave a group, go to the restroom and return independently?</td>
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<tr>
<td>16. ...take care of personal toileting needs independently? (no staff required)</td>
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</tbody>
</table>

   **If No or sometimes – Explain:**

17. ...independently take care of personal hygiene needs?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

18. ...take medication independently?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

19. ...ask questions when needed?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

20. ...know what to do in case of an emergency?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

21. ...change own clothes?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

22. ...set limits with strangers?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

23. ...demonstrate safe pedestrian skills in the community?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

24. Do you use any adaptive equipment that you will bring to Goodwill?  
   - [ ] Cane  
   - [ ] Manual Wheelchair  
   - [ ] Electric Wheelchair  
   - [ ] Safety Vest  
   - [ ] Walker  
   - [ ] None  
   - [ ] Other: ________________________________

25. ...stand for long periods of time?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

26. ...walk for long periods of time?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

27. ...lift more than 5lbs?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes

   **(circle if more):**  
   - [ ] 10lbs  
   - [ ] 20lbs  
   - [ ] 35lbs  
   - [ ] 50lbs

28. ...have computer skills; using a mouse, typing on a keyboard, using the internet?  
   - [ ] YES  
   - [ ] NO  
   - [ ] Sometimes
29. ...bend to the ground, reach above your head, and walk up flights of stairs with ease?  
If No – Explain: ________________________________  ☐ ☐ ☐

Learning Style

I learn best by (check all that apply)
☐ Being shown (modeling, prompts or demonstration)
☐ Tell me how to do it (verbal prompts)
☐ Nudge me (physical prompts)
☐ Explain it to me (verbal prompts with discussion)
☐ Do task with me a few times (repetition)
☐ Show me pictures of how to do it

Transportation

How will applicant arrive and depart program daily?  
________________________________________________________________________

Who should be contacted if applicant is not picked up at 3:45 p.m.?

Name: ________________________________  Name: ________________________________

Phone: ________________________________  OR  Phone: ________________________________

Phone: ________________________________  Phone: ________________________________

Does applicant need assistance in and out of van?  ☐ Yes  ☐ No

If yes explain: ________________________________

________________________________________________________________________
________________________________________________________________________

Does applicant need assistance securing seatbelt?  ☐ Yes  ☐ No

During program hours classes may take trips into the community using Goodwill vehicles or partnering agencies vehicles. Is there any additional information that needs to be known regarding the applicant during transportation?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Section 5 - Interest Assessment

What activities have you (the applicant) enjoyed in the past? __________________________________________

What new activities would you (the applicant) like to try? ___________________________________________

What would you (the applicant) like to get out of coming to Pathways to Opportunity? ___________________________

If you (the applicant) could be anything in the world, what would it be? _______________________________

Please check below, all that you (the applicant) have interested in:

☐ Creative Expression  ☐ Service Learning
☐ Education  ☐ Employment Exploration
☐ Recreation  ☐ Other:______________________________

<table>
<thead>
<tr>
<th>Description</th>
<th>Interest</th>
<th>No Interest</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Arts: Drawing, painting,</td>
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<tr>
<td>photography, pottery,</td>
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<tr>
<td>candles, ceramics,</td>
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<tr>
<td>knitting, scrapbooking,</td>
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<tr>
<td>crafting</td>
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<td>School Classes: Book</td>
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<td>club, money, world</td>
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<td>hand writing, foreign</td>
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<td>languages, transportation training</td>
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<tr>
<td>Music: Dancing, music</td>
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<td>appreciation,</td>
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<tr>
<td>instruments,</td>
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<td>singing</td>
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<tr>
<td>Ball Sports: Softball,</td>
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<tr>
<td>basketball, flag</td>
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<tr>
<td>football, golf,</td>
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<tr>
<td>kickball, soccer,</td>
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<tr>
<td>tennis, volleyball</td>
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<tr>
<td>Other Sports: Cheerleading,</td>
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<tr>
<td>gymnastics, biking,</td>
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<tr>
<td>wall climbing, roller</td>
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<tr>
<td>skating, track/field,</td>
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<tr>
<td>martial arts, water</td>
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<tr>
<td>sports, swimming</td>
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<tr>
<td>Low Impact: Walking,</td>
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<td>exercise equipment,</td>
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<td>yoga, aerobics</td>
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<td>Educational: Stress</td>
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<tr>
<td>Management, Anger</td>
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<td>Management, community,</td>
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<td>nutrition, computers,</td>
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<td>relationships, life</td>
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<td>experiences</td>
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<tr>
<td>Social: Current events,</td>
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<tr>
<td>relationship building,</td>
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<tr>
<td>volunteering, performance art, party planning</td>
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</tbody>
</table>
Technology: Basic computer, internet safety, graphic arts

Outdoor Activities: Boating, fishing, camping, gardening, nature studies, yard games

Internships: Sports & Fitness, event planning, Library, Marketing

Please write down additional notes that you would like to share with us below. Please list things we should know about you, the participant. (example: refuses to wear a coat, cannot access the internet, subject to dehydrating, cannot tie shoes, enjoys being alone when upset, triggers, etc.).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Application Completed by:________________________________________________ Date:__________

Applicant Signature:________________________________________________ Date:__________

Parent/Guardian Signature:____________________________________________ Date:__________

Please return this form and supplemental documents to:

Pauline Browning, Program Site Supervisor
Goodwill Industries of Southwest Florida, Inc.
5100 Tice Street, Fort Myers, FL 33905
paulinebrowning@goodwillswfl.org
Phone: 239.995.2106 ext. 2229
Fax: 239.652.1655

Official Use:

CSS Enrollment Staff to Complete:

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Funding Source?</th>
<th>Medicaid Waiver?</th>
<th>Program Enrolled</th>
<th>Assigned Supervisor</th>
<th>Enrollment Date</th>
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<tr>
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<tr>
<td>Health Form</td>
<td>Prior Authorization?</td>
<td>Therap?</td>
<td>APD Tracking</td>
<td>Attendance Sheet</td>
<td>BSP (if applicable)</td>
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<td>Virtual or On-Site?</td>
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</table>
Legal Name: 
Street Address: ____________________________ City, State, Zip ________________
Home Phone: ____________________________ Alternate Phone: 
Date of Birth: ____________________________ Gender: __________________________

Name of Guardian: ____________________________ Telephone: __________________________
Guardian Email: ____________________________ Alternate Telephone: __________________________

**Emergency Contacts:**

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Phone Number</th>
<th>Alternate Phone Number</th>
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Diagnosed Disability: __________________________________________

**Do you (the applicant) have any of the following?:**

1. ...Seizures
   
   **Provide specific instructions, triggers, etc. for seizures:**
   
   __________________________________________

2. ...Heart Problems
   
3. ...High Blood Sugar
   
4. ...Low Blood Sugar
   
5. ...Diabetes
   
6. ...Allergies
   
   **Allergy and reaction:**
   
   __________________________________________

7. ...Reaction to Insect Bites
   
8. ...Food Restrictions
   
   **Restrictions:**
   
   __________________________________________

9. ...Medication Allergies
   
   **Allergy and reaction:**
   
   __________________________________________

**Please explain all “YES” answers from above:**
**Medication Information:** Medication must be taken independently at program.

Please complete form completely (can use back or additional paper if needed).

<table>
<thead>
<tr>
<th>Medications</th>
<th>Dosage &amp; Times</th>
<th>Reasons for Medications</th>
<th>Drug Allergies &amp; Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>11.</td>
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<tr>
<td>12.</td>
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Please notify Pathways to Opportunity Supervisor of any medication changes throughout services.

Primary Physician: ___________________________ Phone/Fax ___________________________
Address: ___________________________ Phone Number ___________________________
Hospital Preference: ___________________________

**Questions about you (the applicant)…**

- Have alone time? ☐ Yes ☐ No
- If yes, how much per day? Minutes: ______ Hours: ______ Days: ______
- If sunscreen is needed for outdoor activities, who should apply? ☐ Self ☐ Staff ☐ Other: ______________
- Can leave the group and independently use the restroom and return? ☐ Yes ☐ No
- Do you smoke? ☐ Yes ☐ No

Pathway to Opportunities Program provides a variety of physical activities in a range of environments depending upon individuals’ choices. Please comment on any physical limitation you (the applicant) might have in doing physical activities and any concerns for environment/weather.
Emergency Medical Authorization

☐ In the event that reasonable attempts to contact the parent or guardians has been unsuccessful; I ____________________________ hereby give my consent for the admission to hospital or any treatment for ____________________________ as deemed necessary.

Application Completed by: _______________________________ Date: _________

Applicant Signature: _______________________________ Date: _________

Parent/guardian Signature: _______________________________ Date: _________

Physician’s Signature: _______________________________ Date: _________

Please return this form and supplemental documents to:

Pauline Browning, Program Site Supervisor
Goodwill Industries of Southwest Florida, Inc.
5100 Tice Street, Fort Myers, FL 33905
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Phone: 239.995.2106 ext. 2229
Fax: 239.652.1655

This health form will be updated annually for quality assurance purposes.
Media Release Form
Authorization and Consent

I, __________________________, being either of legal age to consent or the legal parent or guardian of __________________________, a minor child or person unable to consent on his or her own behalf, hereby grant __________________________, Goodwill Industries of Southwest Florida, Inc. the right and permission to use the following as indicated by checkmark:

- [ ] Quote
- [ ] Photograph(s)
- [ ] Video recording
- [ ] Sound recording
- [ ] Information related to my experiences with Goodwill Industries of Southwest Florida, Inc. may be used.

For specific publication or event as follows: (To be completed at time of signature)

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

The consent shall remain in effect for a period of five (5) Years, or throughout the expected duration/use of the event/publication, intended for the event use unless I revoke it prior to that time. I understand that I may revoke this authorization by submitting a written request to: Director of Public Relations and Marketing, Goodwill Industries of Southwest Florida, Inc., 5100 Tice Street, Ft. Myers, Florida 33905. I understand that, if I revoke this authorization, my revocation will not have any effect on actions already taken by this Goodwill in reliance on my authorization. I will not disaffirm or disavow this consent and permission on the ground that I was unable to enter a binding contract on the date of execution hereof or any similar grounds whatsoever, or endeavor to recover from this Goodwill any sums for being depicted through this use. I understand that the information used or disclosed is subject to re-disclosure by the person(s) or class of person(s) receiving it and no longer protected by the federal privacy regulations.

I understand that, in any such use, Goodwill Industries of Southwest Florida, Inc. will exercise discretion and ethical judgment appropriate to the circumstances in which the above referenced information is used.

By signing below, I certify that I have read and understood the above Release Form, Authorization and Consent, I have been given the opportunity to have my questions answered, and I have been informed that this Goodwill must give me a copy of this document once it is signed. Further, I understand that the provisions of this release are legally binding.

______________________________________________________________________________________________
Signature of Participant
Date

Signature of Personal Representative, if applicable
Description of Personal Representative, if applicable

Mission:
Goodwill Industries of Southwest Florida is committed to serving people with disabilities and disadvantages by offering life-changing opportunities to achieve independence.

Goodwill Industries of Southwest Florida, Inc.
5100 Tice Street Fort Myers, FL 33905 Phone: 239-995-2106 Fax: 239-652-1654 TTY: 239-995-9207
www.goodwillswfl.org
WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC’S LIFE SKILLS PROGRAMS/ACTIVITIES AND TRANSPORTATION SERVICES

PLEASE READ THIS FORM CAREFULLY and be aware that in signing up for and participating in GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. (Pathways to Opportunity) life skills programs/activities and/or GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. Transportation services/vehicle operation, when provided, you will expressly assume the risk and legal liability and will waive and release all claims against GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. for contraction of illness, injuries, damages or loss that you or your guardian or individual representative might sustain as a result of participating in any and all activities connected and associated with GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. ‘s programs/activities and transportation services/vehicle operation. For the avoidance of doubt this waiver specifically contemplates and constitutes a waiver of liability for exposure to COVID-19 or associated risks.

STATEMENT OF PARENT, GUARDIAN, OR PERSONAL INDIVIDUAL REPRESENTATIVE

I recognize and acknowledge that there may be certain risks involved in participating in GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. ‘s (Pathways to Opportunity) life skills programs/activities and transportation services/vehicle operation, when provided, and I voluntarily agree to assume the full risk of any contraction of illness, injuries, damages or loss that the individual receiving service or I (in my personal capacity or as a representative, parent or guardian of the individual receiving service) may sustain as a result of said participation. I further agree to waive and relinquish all claims I or the below named participant(s) may have or accrue against GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. , including GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. ‘s respective officials, officers, employees, agents, and volunteers as a result of participating in any GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. program or activity.

I specifically understand that COVID-19, a novel (new) coronavirus, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and believed to be spread by person-to-person contact. I further understand that there is an inherent risk of becoming exposed or infected with COVID-19 by participating in GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. ‘s life skills programs/activities and transportation services/vehicle operation.

I further understand that possible exposure to COVID-19 may nonexclusively result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, intensive care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. I further understand that although a very high percentage of infected people appear to experience a relatively mild form of the illness with cold or flu-like symptoms, fatal and life-threatening cases have been seen in people over 60, people with preexisting health conditions, as well as apparently healthy individuals with no known disease. I further understand that COVID-19 may cause additional risks, some of which may not currently be known or knowable at this time and that it has not been determined how prevalent the disease is in the area in which GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. operates. I further understand that if the below named participant(s) exhibit COVID-19 symptoms, he/she/they may not be allowed to participate in GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. ‘s life skills programs/activities and transportation services/vehicle operation.
I do hereby fully release and forever discharge the GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC., and each of its officers, employees, agents, and volunteers from any and all claims for contraction of illness, injuries, damages, or loss, whether caused by allegedly negligent acts or otherwise, arising out of, connected with, or in any way associated with these programs/activities related to COVID-19, that I or the below named participant(s) may have or which may accrue to me or the participant.

I indemnify and hold harmless GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC., and any of its employees and/or agents from any and all claims from my use of GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. property or participation in any GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. program. I will indemnify and hold harmless the Company, and any of its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from or on behalf of the below named participant(s)’s use of GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. ’s property and/or participation in GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. programs to the fullest extent allowed by law.

This is to certify that I, as a representative, parent or guardian of participant with legal responsibility for the participant(s) named below, do consent and agree to his/her/their release as provided above and, for myself, my heirs, assigns, and each participant’s involvement or participation in the program as provided above.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Participant Name Printed: __________________________________________________________

Participant Signature: _____________________________________________________________

Parent/Guardian/Caregiver Signature: _______________________________________________

Pathways to Opportunity Staff Signature: _____________________________________________