



Gabi's Grounds Employment/Internship/Volunteer Survey

I am a:

- Applicant
- Parent/Caregiver

Applicant must complete the following:

Applicant First Name: Click or tap here to enter text.

Applicant Last Name: Click or tap here to enter text.

Applicant Preferred Name (If different from given name. Katie rather than Katherine.):

Click or tap here to enter text.

Applicant Address:

Street Address: Click or tap here to enter text.

Street Address Line 2: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

Applicant Home Phone Number: Click or tap here to enter text.

Applicant Cell Phone Number: Click or tap here to enter text.

Applicant Email: Click or tap here to enter text.

Applicant Date of Birth: Click or tap here to enter text.

My Strengths, Abilities, and Interests: For example, hard worker, likes animals:

Click or tap here to enter text.

My Ideal Job Would Be:

Click or tap here to enter text.

I Need Help With The Following: (Mark all that apply.)

- How to fill out a job application
- Writing my resume
- Learning how to interview for a job
- Learning how to count money and make change
- Learning how to run a cash register
- Other** Click or tap here to enter text.

I Am Interested In The Following: (Mark all that apply.)

- Full-time work or volunteer position (40 hours)
- Part-time work or volunteer position (less than 40 hours)
- Working indoors
- Working outdoors
- Working with the public
- Other** Click or tap here to enter text.

Check All That Apply:

- I am friendly and polite
- I am neat and organized
- I like talking to people
- I know how to use a computer
- I know how to use a cash register

I know how to add, subtract, multiply and divide

Other Click or tap here to enter text.

I Live: Click or tap here to enter text.

How Will You Get to Work? Click or tap here to enter text.

How Far Are You Willing to Travel to Work? Click or tap here to enter text.

How Many Days Per Week Are You Willing to Work? Click or tap here to enter text.

How Many Hours Per Day Are You Willing to Work? Click or tap here to enter text.

Check All That Apply

I am willing to work weekends

I am willing to work evenings

I am willing to work holidays

Name and phone number of person who will be driving you to work, if applicable. Otherwise write "none." Click or tap here to enter text.

I am physically able to do the following (Mark all that apply.)

Walk or stand for long periods of time

Stoop, kneel, and bend

Lift up to 25 pounds

Check all that apply:

I have my High School Diploma, GED, or Certificate of Completion

I am currently enrolled in the 10th, 11th, 12th grade or a post-secondary program.

I have a State ID or passport and my Social Security Card

Parent/Caregiver must complete the following:

Applicant Name: Click or tap here to enter text.

1st Emergency Contact/Relationship/Phone Number

Click or tap here to enter text.

2nd Emergency Contact/Relationship/Phone Number

Click or tap here to enter text.

Power of Attorney (POA) is in effect for Trainee (Yes or No) Click or tap here to enter text.

Guardianship is in effect for Trainee (Yes or No) Click or tap here to enter text.

If trainee has POA and/or Guardian, enter their name(s)/phone(s). Otherwise write "none"

Click or tap here to enter text.

Medical/DSM-5 diagnosis (Example Down Syndrome)

Click or tap here to enter text.

Medical issues/allergies including seasonal (Example, celiac disease, penicillin)

Click or tap here to enter text.

Medications and dosages:

Click or tap here to enter text.

Overall Level of Support (Choose One)

High

Medium

- Low
- None
- Other Click or tap here to enter text.

Receptive Communication abilities of trainee – difficulty understanding verbal (spoken) or non-verbal (visual) communication:

Click or tap here to enter text.

Expressive Communication abilities of Trainee – Difficulty expressing oneself using verbal (spoken) or non-verbal (visual) communication system:

Click or tap here to enter text.

Articulation abilities of Trainee – Difficulty speaking clearly so as to be understood by others.

Click or tap here to enter text.

Non-verbal Communication system required by Trainee: (Mark all that apply.)

- None
- Objects
- Photographs
- Sign language/gestures
- Line drawings
- Written
- Graphics
- Augmentative/electronic device
- Other Click or tap here to enter text.

Assistive Technology used by Trainee: (Mark all that apply)

- None
- Trainee has cell phone and can use it to make and receive calls
- Cell phone for support

- iPad/tablet
- iPod
- Braille/vision
- Listening/deaf
- Other Click or tap here to enter text.

Social Interaction (Mark all that apply)

- Prefers to work alone or away from co-workers
- Works well in a group/team
- Benefits from positive reinforcement
- Accepts constructive criticism
- Requires communication system to participate in two-way conversation
- Does not understand how their actions or words affect others
- Needs direct instruction including practice of social rules required at work site (May need visual support tool as reminder)
- Needs direct instruction about social boundaries with co-workers outside of work (May need visual support tool as reminder)
- Shares equipment, materials, work space
- Other Click or tap here to enter text.

Learning Style (Mark all that apply.)

- Learns tasks by watching others on the job
- Benefits from hand-over-hand instruction or modeling the task
- Needs visual strategies such as schedule, work system, charts, color codes
- Job must be broken down into small steps, and each step practiced intensively
- Requires communication system to participate in two-way conversation
- Complex instructions require extended learning time frame to master a task

Navigation within work location: (Check one)

- Finds work station, other required work areas, and break area independently

Needs verbal or visual prompts to find required areas such as above.

Adaptive Skills (Check all where assistance is needed.)

- None
- Accomplishing personal needs on the job, toileting
- Making decisions, reasoning, judgment
- Initiating tasks
- Using money, debit cards
- Sustaining attention to stay on task
- Preventing injury
- Preventing wandering
- Other Click or tap here to enter text.

If any of the above are checked, what support is needed? If no supports are needed, please write "none."

Click or tap here to enter text.

Suggested accommodations or strategies: (Check all that apply.)

- None
- Physical, wheelchair, elevator, enlarged pen, cane, hearing aids
- Sensory – Movement breaks, sound eliminating headphones, isolated work area
- Social – social stories, comic book stories, social autopsy
- Organization – calendar, daily schedule, visual coding, checklists, work system

If any of the above are checked, please describe. Otherwise, write "none."

Click or tap here to enter text.

Please describe Trainee strengths, abilities, special interests, preferences, and restrictions not previously mentioned.

Click or tap here to enter text.

Photo, Video, and Audio Consent and Release

I (“Participant”) authorize Gabi’s Grounds Coffee Shop, acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of me, including my name, my image, my likeness, my performance, and/or my voice (“Recordings”). I also grant Gabi’s Grounds Coffee Shop an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by Gabi’s Grounds Coffee Shop, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that Gabi’s Grounds Coffee Shop will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for participating in the Recordings or for any future use of the Recordings. I release and fully discharge Gabi’s Grounds Coffee Shop, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the Recordings or Gabi’s Grounds Coffee Shop’s future use of the Recordings.

I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has also signed below.

Applicant Signature

Date

Applicant’s Printed Name

Applicant’s Address

Applicant’s City/State/Zip

If Applicant is under 18 years old, then his/her parent or guardian must sign below.

Parent/Guardian's Signature

Parent/Guardian's Printed Name