SEXUAL & REPRODUCTIVE HEALTH

# Friendships and Dating Program
# Participant Application

## Participant Information

First Name: _____ Gender: Male ☐

Last Name: _____ (Please check one) Female ☐

Date of Birth: _____ Other ☐

Cell: _____ Other: _____

Email: _____

### Mailing Address (Where can we send you mail)

Street: _____

City: _____ State: _____ ZIP Code: _____

### Physical Address (Where do you live, if different than mailing address)

Street: _____

City: _____ State: _____ ZIP Code: _____

Do you have a guardian? (Please check yes or no): Yes ☐ No ☐

If yes, provide your guardian's information in the space below.

First & Last Name: _____

### Guardian's Mailing Address

Street: _____

City: _____ State: _____ ZIP Code: _____

Cell: _____ Other: _____

Email: _____

### Emergency Contact Information (Who should we contact if there is a problem)

First & Last Name: _____

Cell: _____ Other: _____

Email: _____

SEXUAL & REPRODUCTIVE HEALTH

# Friendships and Dating Program Participant Application

## Additional Participant Information

Are you able to read, understand and follow through on written information without help? (Please check yes or no) Yes ☐ No ☐

If not, what type of accomodations will you need to participate?

Will you need an interpreter? (Please check yes or no) Yes ☐ No ☐

Do you have sensory or other triggers such as bright lights, touch or loud noises, etc.? (Please check yes or no) Yes ☐ No ☐

If yes, please provide a brief explanation for us.

What is helpful/useful/supportive at those times?

Have you experienced any trauma? (Please check yes or no) Yes ☐ No ☐

If yes, please provide a brief explanation for us.

SEXUAL & REPRODUCTIVE HEALTH

# Friendships and Dating Program
# Participant Application

Do you have any food allergies? (Please check yes or no) Yes ☐ No ☐

If yes, please provide a list for us.

Do you have a job or attend school? (Please check yes or no) Yes ☐ No ☐

If yes, please provide the schedule.

Have you had positive social interactions with friends and/or dating? (Please check yes or no) Yes ☐ No ☐

If yes, please provide a brief explanation for us.

Are there activities you really like? (Please check yes or no) Yes ☐ No ☐

If yes, please provide a brief explanation for us.

Why you would like to be in the class?

SEXUAL & REPRODUCTIVE HEALTH

# Friendships and Dating Program
# Participant Application

Is there anything else you think would be helpful or we need to know?

Did you have a support person assist with filling out this form with you? (Please check yes or no) Yes ☐ No ☐

If yes, provide your support staff information in the space below.

Support Staff Information (Who helped you fill out this form)

First & Last Name:

Cell: Other:

Email:

If you are a support person filling out this form, why do you think this person would benefit from the class?

If you are a support person filling out this form, what do you need to guide you through this program?

SEXUAL & REPRODUCTIVE HEALTH

# Friendships and Dating Program
# Participant Application

## Participant's Signature

Participant Signature: _____

Please print name: _____

Date: _____

Please submit this application to:

Tara Misra
tmisra@uwyo.edu
Wyoming Institute for Disabilities
Dept. 4298, 1000 E. University Ave.,
Laramie, WY 82071