



Helping Kids with
Physical Disabilities
Succeed

**EASTER SEALS ONTARIO
2020 PROVINCIAL AMBASSADOR APPLICATION
Deadline: September 30, 2019**

Date of application: _____

Name of Child: _____

Date of Birth: _____

Address: _____

City/Town: _____

Postal Code: _____

Phone Number: _____

Parent E-mail: _____

Medical Information

Diagnosis: _____

Date of diagnosis: _____

Describe disability: _____

Associated disabilities (include speech, hearing, vision, developmental):

Name of Child's Physician: _____

Mobility Equipment:

Crutches/Cane Yes No
Walker Yes No
Ankle-foot/knee Orthotics Yes No
Wheelchair (Manual / Electric) Yes No

Level of Independence with Equipment:

Independent Needs assistance Dependent

Communication Equipment: Yes No

If yes, please specify type of communication equipment:

Toileting:

Independent Needs assistance Dependent

Feeding:

Independent Needs assistance Dependent

Is child on special diet? Yes No

If yes, please specify

Dressing:

Independent Needs assistance Dependent

If assistance is needed, specify:

Medication:

Is child on medication: Yes No

If yes, please specify

Is child able to be away overnight with parent? Yes No

Family Information

Name of parent / guardian: _____

Father / guardian's occupation: _____

Mother / guardian's occupation: _____

Siblings:

| Name | Age | Any Disability |
|-------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Describe your child's home environment (special interests of family, family structure, support, pets, hobbies, special skills, role of child in family / duties in household):

Psychological / Social

Education level (describe academic progress; support of school personnel, etc.):

Social development (level of maturity, peer relationships):

Attitude towards disability:

Response to strangers, unfamiliar surroundings, articulateness, flexibility in new situations:

Response to any previous experience with media (television cameras, still cameras, lights):

Is the child currently involved in a promotional or spokesperson capacity with another charity/hospital/community organization?

If so, please specify which one: _____

Please indicate when his/her term/role will end: _____

Services provided by Easter Seals Ontario

Attended Camp: Yes No

Last year child attended camp: _____

Financial assistance for equipment: Yes No

If yes, please indicate equipment Easter Seals provided funding for:

Other services received from Easter Seals, please specify:

Additional Information

Is parent/guardian able to attend events with child? Events take place during weekday and weekend days and evenings.

Yes No

If surgery is being planned for the child during 2019/2020, please provide tentative dates:

Additional comments:

Are you (parents) comfortable talking about the positive impact Easter Seals has had in their lives?

Yes No

Are you and your child comfortable with being filmed and interviewed in a public setting?

Yes No

Additional comments:

Please provide a recent photograph of applicant.

Return to:

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Applications can be submitted by mail, fax, or email.

DEADLINE: SEPTEMBER 30, 2019