



Helping Kids with
Physical Disabilities
Succeed

**EASTER SEALS ONTARIO
2022 PROVINCIAL AMBASSADOR APPLICATION
Deadline: September 15, 2021**

Date of application: _____

Name of child: _____

Date of Birth: _____

Address: _____

City/Town: _____

Postal Code: _____

Home Tel #: _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home situation (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, ability to speak to strangers, ability to adapt to large groups/new settings)

Attitude towards disability

Response to strangers, unfamiliar surroundings, impromptu questions, flexibility in new situations

Response to any previous experience with media (television cameras, still cameras, lights, interviews, etc.)

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

Camp: Yes No

Last year child attended camp: _____

Financial assistance for equipment: Yes No

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

Other services received from Easter Seals Ontario, please specify:

Additional Information

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

Yes No

If surgery is being planned for the child during 2022/2023, 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 15, 2021