



Admission Requirements and Application

Mingus Job Academy is for motivated young adults whose disability is characterized by significant limitations both in intellectual ability and in behavior as expressed in conceptual, social, and practical adaptive skills. Mingus Job Academy will have two types of vocational training. Day Camp will run Monday - Thursday from 7:30 am - 3:00 pm. This program is perfect for campers who are wanting some independence but may not have the experience and confidence to stay overnight. This will be a safe environment that will allow growth through vocational, social, and life skills. The residential camp will run Sunday at 4:00 pm through Saturday at 11:00 am. The residential program will allow campers to gain living independence as well as vocational, social, and life skills. Campers will have a support system that understands the mission of Mingus Job Academy. This support will be the working staff of the different operations of business that are on the MJA site. The staff will be highly motivated to see each individual succeed in their dreams of obtaining meaningful employment within their own communities.

It is expected that campers will demonstrate the following minimal requirements:

- Ability to function independently for a sustained period of time
- Can follow directions and accepts authority; no severe behavior or emotional problems
- Can handle and adapt to change; not overly stressed when things change
- Ability to potentially be successful in competitive employment situations
- Some understanding of what it means to have a job, work in a team setting, and follow directions from an employer. This understanding can come through, family, Special Olympics participation, schooling they attended, volunteer work, or any situation that has provided some training.
- Residential campers will also be required to be able to wake up independently to an alarm and be able to do their own laundry with minimal assistance.

Letters of recommendation are extremely important as these describe current levels of performance across many areas. Applicants will have received special education services and graduated from High School. This is a vocational on-the-job training program, not an accredited college or certificated training program. Campers entering this program are encouraged to seek out prospective employers fitting for their daily living that MJA can connect with and assist in securing a job upon completion of their training.

The ultimate goal for each Camper is to secure specific training in one of our businesses at the MJA site which may translate into meaningful employment within their own community.



Application

Camper First _____ Middle _____ Last _____

Gender: Male ____ Female ____

School Name _____ Graduation Year _____

Birth date ____/____/____ Age (as of June 30, 2019) ____

Street Address _____

Town/City _____ State _____ Zip code _____

Camper's Phone _____

Parent/Guardian - Contact Information - If applicable

Parent/Guardian #1

First _____ Last _____

Relationship _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Cell Phone _____ Work Phone _____

E-mail _____

Current Occupation _____

Current Employer _____

Emergency Contact Information

Emergency Contact #1

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Relationship _____

Emergency Contact #2

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Relationship _____

Please list those people in addition to parents/guardians who are permitted for pick up:

1: _____ 2: _____

3: _____

Medical Release Information

Insurance Information

Policy Number _____

Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____

Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Are you presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__

If yes, explain: _____

Are you allergic to any type of food or medication?

Yes__ No__

If yes, explain: _____

Does you require a special diet?

Yes__ No__

If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

Name	Phone	Relationship to camper
Contact #1 _____	_____	_____
Contact #2 _____	_____	_____
Contact #3 _____	_____	_____

Initials _____

I understand that the MJA will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's/Camper's Initials _____

Terms of Agreement

Photo Release - Attach Form A

Parent's/Guardian's/Camper's Initials _____

Transportation Release - Attach Form B

Parent's/Guardian's/Camper's Initials _____

Date: _____

Signature: _____ Title _____

Printed Name of Camper: _____

Notarized by _____

Print Name _____ Number _____

Date _____ State of Notary _____

Signature _____

Witness by _____ Date _____

