



Association for the Blind and Visually Impaired SC

Applicant's Basic Information

Legal First Name:_____ Last Name:_____

Middle Initial:_____ DOB:_____

Mailing Address:_____ Apt. Number:_____

City:_____ State:_____ Zip:_____

Mailing address and address for home services the same? Yes / No

If no, provide address for home services: _____

Email:_____

Primary Phone Number:_____ C / H / W

Secondary Phone Number: _____ C / H / W

Medical Emergency Contact Name:_____

Relationship to Client:_____

Phone Number:_____ C / H / W

City/State where your emergency contact lives:_____

Do you allow ABVI to leave a voicemail regarding upcoming appointments or class history: Yes / No

Are you experiencing hearing loss? Yes / No

Any current or past non-visual medical conditions we should make note of i.e. diabetes, HIV, seizures, or additional disabilities?

Applicant's Personal Information

This information is for statistical purposes only and will not be used to determine eligibility for services. This information is required because it helps us receive grants that support the services we offer.

Are you a Veteran? Yes / No

Are you Employed? Yes / No

Gender: _____ Race / Ethnicity: _____

Marital Status: _____

Number of People in Household: _____

Annual Household Income: _____

Are you currently receiving services through SCCB? Yes / No

Insurance Information

Primary Insurance Type: _____

Primary Insurance Policy Number: _____

Secondary Insurance Type: _____

Secondary Insurance Policy Number: _____

Media Release

I specifically grant ABVI permission to use my likeness, voice, and words in media outlets for the purpose of public awareness or communicating the purpose of activities of ABVI. Yes / No

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I understand that:

- The information I provided will be verified, including by a national agency/SLED criminal background check, and I give permission to ABVI to make inquiries of others concerning my suitability to be an ABVI Client;
- I release ABVI, all persons, organizations or government agencies for any damages of, or resulting from, furnishing such information;
- In the course of associating with ABVI I may obtain confidential information of other individuals and I agree to keep said information in the strictest confidence;
- The relationship between ABVI and Clients is an 'at will' agreement, and it may be terminated at any time without cause by either ABVI or the Client;
- A criminal background check may be completed every so often while I am an active Client with ABVI;
- I have read and acknowledged that I understand and will abide by the Client Code of Conduct, and I will abide by all ABVI requirements respecting any ABVI program or activity for which I choose to participate.

ABVI – SOUTH CAROLINA RELEASE AND WAIVER OF LIABILITY

- In consideration of participating in ABVI programs and activities I represent that I understand the nature of the programs activities and that I am qualified, in good health and in proper physical condition to participate. I fully understand the programs and activities involve risks of seriously bodily injury which may be caused by my own actions or inactions, by the actions of others participating or by conditions in which the programs and activities takes place. I fully accept all such risks and all responsibilities for losses, costs and/or damage I may incur as a result of my participation. I acknowledge if that at any time I feel the conditions are unsafe, I will discontinue participation immediately.
- If during my participation in ABVI programs and activities I should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize ABVI to take whatever measures are necessary to protect my health and well-being including, if necessary, hospitalization.
- I release, indemnify, covenant not to sue and hold harmless ABVI, its administrators, directors agents, officers, volunteers, clients, sponsors, advertisers, other participants and, if applicable, any owner or lessor of premise on which the activity takes place(collectively, "Releasees") for all liability, any losses, claims, demands, costs or damages that I may incur as a result of participation in ABVI events, programs and/or activities and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement:", I or anyone on my behalf, makes a claim or claims against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may occur as a result of such a claim.
- Permission must be granted by ABVI for a minor to accompany me and/or to participate in any event, activity or program. When accompanied by a minor or minors, I accept all of the above herein Release and Waiver of Liability, Assumption or Risk and Indemnity Agreement on their behalf.

I affirm that I have read the above and that the information I have given is true and complete. Furthermore, I agree to notify ABVI if any information changes.

Applicant Signature _____ Date _____

Guardian Signature _____ Date _____
(required for minors or if client unable to sign)

Client Code of Conduct

The purpose of the Client Code of Conduct is to ensure that program Clients, Volunteers and Staff

have a positive and constructive experience with ABVI.

As an ABVI Client:

- I will set a good example with a positive attitude.
- I will demonstrate integrity in everything I do.
- I will handle myself professionally while at ABVI or when representing ABVI.
- I will respect clients, staff, teachers, volunteers and myself while at ABVI.
- I grant ABVI permission to keep track of services through the Apricot Database and share with community partners.

I would like to become a client of ABVI-South Carolina.

Client's Signature: _____ Date: _____

Signature of Guardian: _____ Date: _____
(required for minors if client is unable to sign)



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One Carriage Lane, Building A
Charleston, SC 29407

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AND PHYS. HANDICAPPED POSTAL
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