****

**Logo/Image description: two evergreen trees on the outside of 3 snow-capped mountains with a downstream river. Northwest DeafBlind Conference is on the bottom both in braille and text.**

**March 27-30, 2018**

**Washington Athletic Club (WAC)**

**1325 6th Ave, Seattle, WA 98101**

**Registration Form for Volunteer SSPs/Interpreters**

**GENERAL INFO**

**Please print clearly:**

**Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Apt#\_\_\_\_\_\_\_\_**

**City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_Text \_\_\_ VP \_\_\_Voice \_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Female \_\_\_ Male \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of emergency, please list a person to contact:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Voice VP Text**

**Who will be your DB? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(DB must bring their own SSP for this conference. We will still need extra volunteer SSPs, so if you are interested to volunteer and have not been asked by a DB attendee, leave this blank.)**

**COMMUNICATION INFO**

**Which method do you prefer to read conference information?**

**\_\_\_ Email \_\_\_ Regular Print**

**Describe your hearing:**

**\_\_\_ Deaf**

**\_\_\_ Hard of hearing and cannot understand speech**

**\_\_\_ Hard of hearing and can understand speech**

**\_\_\_ Hearing**

**Which communication mode(s) can you do?**

**\_\_\_ PTASL**

**\_\_\_ ASL**

**\_\_\_ PSE (English Signs and ASL mixed)**

**\_\_\_ English Signs**

**\_\_\_ Oral**

**\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**During workshop, which service(s) can you provide?**

**\_\_\_Platform interpreter**

**\_\_\_Tactile interpreter**

**\_\_\_Close Vision interpreter**

**\_\_\_Voice interpreter or FM system**

**\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you sign with your:**

**\_\_\_Left hand**

**\_\_\_Right hand**

**\_\_\_Both**

**Which DB individuals are you most comfortable with?**

**\_\_\_Men**

**\_\_\_Women**

**\_\_\_Does not matter**

**SKILLS AND QUALIFICATIONS:**

**I have been signing for \_\_\_\_\_\_\_\_\_ years.**

**I have done tactile signing for \_\_\_\_\_years.**

**I have worked as a SSP for \_\_\_\_\_\_\_\_years.**

**I have had training as a SSP/DB interpreting for approximately \_\_\_\_\_\_\_\_hours.**

**How would you rate your Pro-Tactile (PT) skills?**

**\_\_\_\_None \_\_\_\_\_Low \_\_\_\_\_ Moderate \_\_\_\_\_ High**

**Do you want to earn CEUs? We will provide a pre-conference workshop.**

**\_\_\_\_Yes \_\_\_\_\_ No**

**How did you find out about this conference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have difficulty with any of the following?**

**\_\_\_Stairs \_\_\_Walking**

**DIETARY NEEDS:**

**Do you have food allergies? \_\_\_ Yes \_\_\_ No**

**If yes, what food are you allergic to?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you require a special diet? \_\_\_ Yes \_\_\_ No**

**If yes, which one is it?**

**\_\_\_Vegan (NO meat, NO dairy, NO cheese, NO eggs)**

**\_\_\_Vegetarian (NO meat, but YES dairy, cheese, eggs)**

**\_\_\_Dairy-free (NO milk, NO cheese, NO butter)**

**\_\_\_Gluten-Free**

**PHOTO/VIDEO RELEASE**

**By signing this, you agree to allow the Northwest DeafBlind Conference committee of Washington State DeafBlind Citizens, Inc. (WSDBC) to take pictures or videos of you and share it on WSDBC’s website or other social media.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Registrant Date**

**DISCLAIMER:**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the information I have provided above is correct to the best of my knowledge.  I waive and release Washington State DeafBlind Citizens, Inc (WSDBC), Washington Athletic Club (WAC), the officers, volunteers, agents, and all other sponsors from all claim or liabilities arising from my participation in this conference.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Registrant Date**

**Donations will be greatly appreciated! Some examples of how your donation will help:**

* **$25 will help towards the cost of braille service of materials such as menus and program books**
* **$75 will cover two meals in one day**
* **$150 will cover registration for one person**
* **$300 will cover registration for two people**

**You may donate on NWDBC’s website at www.nwdbconference.org/donations. Payment can be made using PayPal, debit or credit card or mail Money Order payable to NWDBC to address below. After the conference, WSDBC is a non-profit organization, we will send you a letter to acknowledge your donation and provide our tax ID number.**

**Questions about registration? Email NWDBCReg@gmail.com.**

**OPTIONS ON SENDING REGISTRATION:**

**\*\*NO cash or personal checks accepted\*\***

**E-mail Option:**

**E-mail Registration Form to NWDBCReg@gmail.com;**

**Mail Money Order payable to NWDBC to address below;**

**MUST be postmarked by February 10, 2018.**

**Mail Option:**

**Mail Registration Form and Money Order payable to NWDBC to address below;**

**MUST be postmarked by February 10, 2018**

**Washington State DeafBlind Citizens, Inc.**

**Attn: NWDBC Registration**

**PO Box 2322**

**Seattle, WA 98111-2322**