

DeafCAN! (Deaf Community Action Network)
730 S. New St.
West Chester, PA 19382

Support Service Provider Application

Name: _____

Address: _____

County: _____ **Email:** _____

Phone: _____ This is a: Voice Text TTY VP

I have worked and/or volunteered as an SSP before: ___Yes ___No

If yes, where and when?

Communication Skills

<u>Mode:</u>	<u>Sign Language</u>	<u>Skill Level (Please Mark):</u>				
		Beg	Int	Adv	DDHH	RID
___ Visual	___ American Sign Language (ASL)	___	___	___	___	___ (CI, CDI, NIC)
___ Tactual	___ Signed English	___	___	___	___	___ (CT)
	___ Fingerspelling	___	___	___		
	___ Other: _____	___	___	___		
	<u>Speech/Spoken Language</u>	<u>Skill Level (Please Mark):</u>				
		Beg	Int	Adv	DDHH	RID
	___ Voice-Over (ALDs)	___	___	___		
	___ Oral Interpreting	___	___	___	___	___ (OC)
	___ Other: _____	___	___	___		

Guiding/Travel Techniques

I have received training in proper human guide techniques. ___ Yes ___ No
If yes, where and when?

I have experience with individuals who use white canes. ___ Yes ___ No

I have experience with individuals who use dog guides. ___ Yes ___ No

I am willing to provide human guide on public transportation or paratransit. ___ Yes ___ No

- I understand that I must have a criminal background check and child abuse clearance.
- I understand that I must successfully complete the SSP training program before I can become an Approved SSP.
- Please check here if you require any accommodations related to a disability for the SSP Training. Please provide details: _____

Please mail this completed form to:

**Bill Lockard, Program Director
DeafCAN!
730 S. New Street, West Chester, PA 19382
lockard.bill@gmail.com**

OR scan and e-mail this form to: