



Support Service Provider Application

Name: _____

Address: _____

County: _____

Phone: _____ This is a: Voice Text TTY VP

E-mail: _____

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
<input type="checkbox"/> Visual	<input type="checkbox"/> American Sign Language (ASL)	___	___	___	___	___ (CI, CDI, NIC)
<input type="checkbox"/> Tactual	<input type="checkbox"/> Signed English	___	___	___	___	___ (CT)
	<input type="checkbox"/> Fingerspelling	___	___	___		
	<input type="checkbox"/> Other: _____	___	___	___		
	<u>Speech/Spoken Language</u>	<u>Skill Level (Please Mark):</u>				
		Beg	Int	Adv	DDHH	RID
	<input type="checkbox"/> Voice-Over (ALDs)	___	___	___		
	<input type="checkbox"/> Oral Interpreting	___	___	___	___	___ (OC)
	<input type="checkbox"/> 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 am comfortable using the following mode(s) of public transportation:

Bus Train Taxi Access Link Paratransit

SSP Interests

I want to be a Support Service Provider because: _____

Please attach copies of any certifications, licenses or other relevant documentation, as well as a resume that includes not only your work experience, but also your volunteer and community service activities, particularly as they relate to persons with disabilities, deafness, blindness and/or deafblindness.

Please provide us with two references who are involved in the deafblind, deaf and/or blind communities:

Reference #1: _____

Phone: _____ Voice TTY VP E-mail: _____

Reference #2: _____

Phone: _____ Voice TTY VP E-mail: _____

I am interested in being an SSP for the following kinds of activities:

Job interviews, trainings

Meetings, conferences, trainings, night school

Daily errands: shopping, dry cleaner, post office

Household management: reading mail, completing forms

Doctor, dental, and other medical and mental health appointments

Community activities Other: _____

I would like to be an SSP for a: Female Male Either

I would like to be an SSP for a smoker. Yes No Doesn't matter

I understand that I must pass a criminal background check before I can begin the SSP-NJ Training.

I understand that I must successfully complete the 3-module SSP-NJ training program (approximately 10 hours of training) before I can become an Approved SSP in New Jersey.

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:

**David Rims, SSPNJ Program Manager
The College of New Jersey
School of Education, PO Box 7718
Ewing, NJ 08628**

OR scan and e-mail this form to:

ssp.nj.tcnj@gmail.com