



# DIVE-VRT

Delivering Innovative Vocational Education  
Through Virtual Reality Technology

## Application

**APPLICATIONS ARE DUE ON OR BEFORE JUNE 13<sup>TH</sup> FOR THE PROGRAM YEAR BEGINNING IN AUGUST.**

### Eligibility

- Adult cohort: Out of high school and age 18+
- Youth cohort: Enrolled in Hillsborough County Schools and age 16-22
- Lifelong or acquired disability, excluding vision impairments/blindness, seizure disorders, or those who are pregnant.
- Ability to use a virtual reality headset.
- Functional communication system: Ability to communicate with staff verbally or with an assistive device. Required for interaction with virtual reality software and to engage with the class curriculum.
- Available to attend Information and Demonstration Session (June 2025).
- Reliable transportation throughout the program period.
- Ability to follow verbal and written directions, including those on a computer and virtual reality headset.
- Basic computer skills: typing, searching, selecting, emailing, and using Microsoft Office programs.

### Admission Process

1. Complete the application form and submit required documentation.
2. All participants meeting eligibility and screening criteria must attend an Information and Demonstration Session happening June 2025. During this session, participants will meet DIVE-VRT staff, learn more about the program, and have an opportunity to try out the virtual reality technology.
3. Acceptance decisions will be sent out by July 31st.
4. Classes begin in August 2025 in Tampa, Florida.

**Email:** [cbcs-divevrt@usf.edu](mailto:cbcs-divevrt@usf.edu) **Website:** <https://dive-vrt.org> **Phone:** 813-974-2840

Award: H421F240044 - UNIVERSITY OF SOUTH FLORIDA

Date Updated: May 2025

### **A Complete Application Package Includes:**

1. Completed and signed DIVE-VRT **Application Form**
2. **Letter of recommendation** from someone other than a relative – Form included
3. **Documentation of a diagnosed lifelong or acquired disability**, which can include: SSI or SSDI award letter, education records, and medical documentation.
4. **Program Participation Agreement Form** - If you are under the age of 18 or have a legal guardian, please ensure that the parents or guardian also sign the document.
5. **Parent/Guardian Data Collection Consent Form**- Must be completed if the applicant is under 18, or over 18 and has a legal guardian
6. **Student Data Collection Consent Form**- Must be completed by all applicants.

### **Application Directions:**

- Applicants should complete the application as independently as possible.
- Applications can be typed in the online form or printed neatly.
- If you require an accommodation to complete the application, please contact [cbcs-divevrt@usf.edu](mailto:cbcs-divevrt@usf.edu)
- If you need assistance with the application process or have questions, please contact [cbcs-divevrt@usf.edu](mailto:cbcs-divevrt@usf.edu)
- Application and materials can also be emailed to [cbcs-divevrt@usf.edu](mailto:cbcs-divevrt@usf.edu)
- You will receive an email to confirm that we received your application. Please do not call about the status of your application, as we will not be able to provide that information over the phone.
- The application and all supporting documents must be turned in on or before the Information and Demonstration Day in June.

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# DIVE-VRT APPLICATION

## Applicant Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_

Telephone (Please indicate if home or mobile): \_\_\_\_\_

Applicant email: \_\_\_\_\_

## Parent/ Legal Guardian Information

Skip this section if you are over 18 and do not have someone who is your legal guardian

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Telephone number): \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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## Screeners

**Please circle your answer below**

Are you at least 16 years old?

- ☐ Yes
- ☐ No

Were you born with a disability, or have you acquired a disability?

- ☐ Yes
- ☐ No

Do you have a visual impairment or blindness?

- ☐ Yes
- ☐ No

Have you ever had a documented seizure?

- ☐ Yes
- ☐ No

If you answered Yes, to previous question, was the seizure within the past 10 years?

- ☐ Yes
- ☐ No

Are you currently pregnant?

- ☐ Yes
- ☐ No

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## Tell Us About Yourself

1. Why are you interested in attending the DIVE-VRT program?

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2. Do you have an interest in pursuing employment in a skilled trade? If so, what trade are you interested in? Please note that the first class of the DIVE-VRT program will certify students in Heating, Ventilation, and Air Conditioning (HVAC).

- ☐ Yes, please specify your desired trade \_\_\_\_\_
- ☐ No

3. Do you currently receive (or have you previously received?) support or services from any of the following agencies?

- ☐ Center for Autism and Related Disabilities (CARD)
- ☐ Hillsborough County Public Schools
- ☐ Vocational Rehabilitation
- ☐ I don't know
- ☐ None
- ☐ Other, please specify \_\_\_\_\_

4. If you are working with a vocational rehabilitation counselor, please list the name, phone number, and email address of your Vocational Rehabilitation (VR) Counselor below:

- ☐ VR Counselor Name \_\_\_\_\_
- ☐ VR Counselor phone number \_\_\_\_\_
- ☐ VR Counselor email \_\_\_\_\_

5. Do you speak English fluently (speak or read easily)?

- ☐ Yes
- ☐ No

6. Do you have a functional communication system (ability to communicate with staff verbally, using sign language, or with an assistive device)?

- ☐ Yes
- ☐ No
- ☐ I am not sure

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7. Do you have transportation to and from the program? Please note that in-person attendance is required.
- ☐ Yes
  - ☐ No
  - ☐ I am not sure
  - ☐ I will need help identifying transportation resources
8. Do you have basic computer skills? Please check all the activities you are able to do independently below.
- ☐ Use Microsoft Office programs such as Microsoft Word, PowerPoint, and Excel
  - ☐ Type a minimum of 15 words per minute
  - ☐ Use a mouse or a comparable assistive device
  - ☐ Use a computer keyboard
  - ☐ Write and receive emails
  - ☐ Other (please specify) \_\_\_\_\_
  - ☐ I am not sure
  - ☐ None
9. How comfortable are you with using the following types of technology? Please select the option that best describes your level of comfort for each.

	Very Comfortable (1)	Somewhat comfortable (2)	Somewhat uncomfortable (3)	Very uncomfortable (4)
Smartphones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaming Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual Reality (VR) Headsets (Examples: Meta Quest, Apple Vision Pro, and Sony PlayStation VR 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artificial Intelligence (Examples: Siri, Alexa, smart thermostats, ChatGPT, and navigation apps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Will you need any accommodations to participate in the program? (Examples can include voice recorders, extra time for tests and assignments, noise-cancelling headphones, note-taking assistance, and copies of presentations)
- ☐ Yes, please specify your accommodation needs below \_\_\_\_\_
  - ☐ No
  - ☐ I am not sure

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11. Are you currently enrolled in high school?
- ☐ Yes, please provide the name of your high school below \_\_\_\_\_
  - ☐ No
12. What is your sex?
- ☐ Male
  - ☐ Female
  - ☐ Prefer not to self-identify
13. What is your race? Please select all that apply.
- ☐ American Indian or Alaska Native
  - ☐ Asian
  - ☐ Black or African American
  - ☐ Latin/Hispanic
  - ☐ Native Hawaiian or Other Pacific Islander
  - ☐ White
  - ☐ Other (please specify) \_\_\_\_\_
  - ☐ Prefer not to self-identify
14. Do you also have other disabilities? If so, please select any that apply to you
- ☐ Deafness
  - ☐ Hearing impairment
  - ☐ Speech or language impairment
  - ☐ Autism
  - ☐ Orthopedic impairment (mobility)
  - ☐ Specific learning disability
  - ☐ Intellectual disability
  - ☐ Emotional disturbance or Mental Health Condition
  - ☐ Other (please specify) \_\_\_\_\_
  - ☐ None
15. How did you learn about the DIVE-VRT program? (Please select all that apply)
- ☐ School (teacher, transition specialist, etc.)
  - ☐ Vocational Rehabilitation
  - ☐ Employment Specialist
  - ☐ Agency for Persons with Disabilities (APD)
  - ☐ CareerSource
  - ☐ Center for Independent Living (CIL)
  - ☐ College or university. Specify name below: \_\_\_\_\_
  - ☐ Florida Center for Autism and Related Disabilities (CARD)
  - ☐ Florida Center for Inclusive Communities (FCIC)
  - ☐ News outlet/Social media
  - ☐ Flyer/postcard
  - ☐ Other source – Please specify: \_\_\_\_\_
- 

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16. Did you receive any help with completing this application?

- ☐ Yes
- ☐ No

17. If yes, who helped you complete this application?

- ☐ Name of the person who assisted you? \_\_\_\_\_
- ☐ What is their relationship to you? \_\_\_\_\_
- ☐ How did they help you? \_\_\_\_\_

### Disclaimer and Signature

By signing this application, I hereby certify that all information contained in this application, and all documents submitted with it, is true, accurate, and complete to the best of my knowledge.

Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Legal Guardian Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

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## PERSONAL RECOMMENDATION LETTER

Name of Applicant:

Your Name:

Address:

City, State, Zip:

Phone Number:

Alternate Phone Number:

Email Address:

Relationship to the Applicant:

I have known the applicant for (specify years/months):

Discuss the following:

1. Describe your relationship with the applicant.
2. Describe why you feel the applicant would benefit from the DIVE-VRT program. Please refer to our website for more information.
3. Describe the applicant's desire to learn and motivation to be gainfully employed, using examples from your relationship.

This letter should be no more than one (1) page in length. Return this sheet and the letter in a sealed envelope to the applicant, who must enclose it in his/her application package. Or email directly to [cbcs-divevrt@usf.edu](mailto:cbcs-divevrt@usf.edu)

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## Program Participation Agreement

- I understand that students are expected to fully participate in the DIVE-VRT program unless otherwise permitted by staff.
- I understand the student is central to all decisions regarding participation and follow-through in the DIVE-VRT program.
- I will attend the program daily and minimize absences. Long-term vacations causing absences or virtual participation are not permitted. Four absences per semester are allowed.
- I understand that students in the DIVE-VRT program (adult cohort) are not supervised when class is not in session.
- I understand that students attend DIVE-VRT activities independently of parents or guardians, promoting independence and self-advocacy.
- I understand that students will handle DIVE-VRT equipment carefully and report any issues.
- I understand that students in the DIVE-VRT program are expected to conduct themselves professionally in their language, attire, and interactions with peers and staff.
- I understand that physical aggression towards oneself, peers, or staff is not permitted. If such behavior occurs, an immediate team meeting will be called to discuss the next steps.
- I understand that staff will work closely with the student to provide reasonable accommodations as needed and will call a team meeting if any concerns arise.
- I understand that students and legal guardians are expected to promptly communicate needs, schedule issues, absences, and other matters that staff need to be aware of.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Legal Guardian signature (please sign if your son/daughter is under 18 or over 18 and you have legal guardianship): \_\_\_\_\_ Date: \_\_\_\_\_

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## Data Collection Parent/Legal Guardian Consent Form

Your son/daughter/ward has been asked to be part of the DIVE-VRT project. The DIVE-VRT project uses Virtual Reality technology to train participants to become certified in a skilled trade. The DIVE-VRT project will also have in-person training to teach participants about other essential employment skills and how to find a job in their certified trade. Then the DIVE-VRT project connects each participant with an applied learning experience, such as volunteering or an apprenticeship. The DIVE-VRT project will last roughly 18 months. As a participant, the DIVE-VRT project needs to find out what worked, what didn't, and how to improve. This will help us make it better for other participants in the future.

Anyone who agrees to take part in this project has rights. Your son/daughter/ward has the choice to say yes or no to being part of this project, and you, as a parent/guardian, have the choice to say yes or no.

	<b>What the project wants to find out?</b> <ul style="list-style-type: none"><li>• What your son/daughter/ward thought about being part of the DIVE-VRT project.</li><li>• Whether it helped them find a job.</li><li>• What recommendations they have for improvement.</li></ul>
	<b>What will your son/daughter/ward will do if they participate?</b> <ul style="list-style-type: none"><li>• Your son/daughter/ward will be asked to participate roughly five short surveys over the course of the 18 months that they are part of the DIVE-VRT project. Each one should not take more than five minutes. These surveys will ask some basic information about them. Surveys will also ask if they feel they have learned new skills and if the DIVE-VRT project helped them to get a job.</li></ul>
	<b>What are possible risks of taking the surveys?</b> <ul style="list-style-type: none"><li>• Your son/daughter/ward might not know how to answer some questions.</li><li>• They may not feel comfortable sharing their opinions about the project.</li></ul>

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	<p><u>Your youth/ward can skip any questions and still participate. If they feel uncomfortable, they can talk to Christine Hugh (<a href="mailto:chugh@usf.edu">chugh@usf.edu</a>) or Tammy Jorgensen Smith (<a href="mailto:smithtj@usf.edu">smithtj@usf.edu</a>)</u></p>
	<p><b>What are the benefits of taking the surveys?</b></p> <ul style="list-style-type: none"> <li>• The surveys will help us understand if the DIVE-VRT project helps people learn new skills and find jobs.</li> </ul>
	<p><b>What are your son/daughter/ward's options for the survey?</b></p> <ul style="list-style-type: none"> <li>• They can choose not to fill out the surveys.</li> <li>• They can answer some questions.</li> <li>• They can answer all the questions.</li> </ul>
	<p><b>Your son/daughter/ward can ask questions about the surveys at any time, and so can you.</b></p>
	<p><b>Who can my son/daughter/ward talk to if they have questions or who can I talk to if I have questions?</b></p> <p><u>Christine Hugh (<a href="mailto:chugh@usf.edu">chugh@usf.edu</a>) or Tammy Jorgensen Smith (<a href="mailto:smithtj@usf.edu">smithtj@usf.edu</a>) will answer any questions you may have.</u></p>
	<p><b>Contact:</b></p> <p>Christine Hugh <a href="mailto:chugh@usf.edu">chugh@usf.edu</a></p> <p>Tammy Jorgensen Smith <a href="mailto:smithtj@usf.edu">smithtj@usf.edu</a></p> <p>Jaimie Timmons <a href="mailto:Jaimie.timmons@umb.edu">Jaimie.timmons@umb.edu</a></p>
	<p><b>How will my son/daughter/ward's information be kept private?</b></p> <ul style="list-style-type: none"> <li>• All surveys responses will be stored securely online, and only project staff with a password can access them. Your son/daughter/ward's name will not be known to anyone who reads their surveys.</li> </ul>

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	<ul style="list-style-type: none"> <li>We will remove any identifying information and keep the data for five years. If the data is used in a future study, we will not ask you to consent again unless the study is very different.</li> </ul>
	<p>After reading this information, you can choose YES or NO to consent for your son/daughter/ward to participate in the DIVE-VRT project.</p> <p><b>Reminder: Even if you agree now, your son/daughter/ward has the right to say NO to participating at any time, even after the project starts.</b></p> <p><b>Please ensure they review and sign the student consent form.</b></p>

I **consent to/ do not consent** to having my son/daughter/ward participate in surveying and information-gathering activities during and after the DIVE-VRT program.

Student Name: \_\_\_\_\_

Parent/ Legal Guardian Name (Print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Data Collection Student Consent Form\*

**\*If you are over 18, please complete this form.**

**\*If you are under 18 or over 18 and not your own guardian, complete this form AND have your parent or legal guardian complete the parent form.**

You have been asked to be part of the DIVE-VRT project. The DIVE-VRT project uses Virtual Reality technology to train you to become certified in a skilled trade. The DIVE-VRT project will also have in-person training to teach you about other essential employment skills and how to find a job in your trade. Then the DIVE-VRT project will connect you with an applied learning experience such as volunteering or an apprenticeship. The DIVE-VRT project will last roughly 18 months. As a participant, it is important for us to find out if you liked being part of it and if it helped you find a job. This will help us make it better for other participants in the future.





Anyone who agrees to take part in this project has rights. You have the choice to say yes or no to being part of this project.

	<p><b>What the project is trying to find out:</b></p> <ul style="list-style-type: none"> <li>• What you thought about being part of the DIVE-VRT project.</li> <li>• Whether you think the DIVE-VRT project helped you find a job.</li> <li>• What recommendations you might have to improve the project.</li> </ul>
	<p><b>What you will be asked to do if you participate?</b></p> <ul style="list-style-type: none"> <li>• You will be asked to participate roughly five short surveys over the course of the 18 months that you are part of the DIVE-VRT project. Each one should not take more than five minutes. These surveys will ask some basic information about you. They will also ask if you feel you learned new skills and if the DIVE-VRT project helped you to get a job.</li> </ul>
	<p><b>What are possible risks of taking the surveys? Risk means a chance of something bothering you.</b></p> <ul style="list-style-type: none"> <li>• Not knowing how to answer questions.</li> <li>• Not feeling comfortable sharing your thoughts about the DIVE VRT program.</li> </ul>

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	<ul style="list-style-type: none"> <li>You can talk to Christine Hugh or Jaimie Timmons.</li> </ul>
	<p><b>What are the good things about taking the surveys?</b></p> <ul style="list-style-type: none"> <li>The surveys will help others find out whether the DIVE VRT project teaches people new skills and leads to a job.</li> </ul>
	<p><b>What are your options for participating these surveys?</b></p> <ul style="list-style-type: none"> <li>You can say no to filling out a survey.</li> <li>You can say yes to filling out a survey but only answer part of the questions.</li> <li>You can fill out the entire survey.</li> </ul>
	<p><b>You can ask any questions about the surveys at any time. Some questions you might ask are:</b></p> <ul style="list-style-type: none"> <li>How long will this survey take?</li> <li>Do I have to do this survey?</li> <li>How will you keep my information private?</li> <li>Who sees the answers to my surveys?</li> </ul>
	<p><b>Who do I talk to if I have questions?</b></p> <p>Christine Hugh <a href="mailto:chugh@usf.edu">chugh@usf.edu</a>  Jaimie Timmons <a href="mailto:Jaimie.timmons@umb.edu">Jaimie.timmons@umb.edu</a></p>
	<p><b>Contact Us:</b></p> <p>Christine Hugh <a href="mailto:chugh@usf.edu">chugh@usf.edu</a>  Tammy Jorgensen Smith <a href="mailto:smithtj@usf.edu">smithtj@usf.edu</a>  Jaimie Timmons <a href="mailto:Jaimie.timmons@umb.edu">Jaimie.timmons@umb.edu</a></p>
	<p><b>How will my information be kept private?</b></p> <p>All the surveys will be kept in a secure file online. Only project staff with a password can it. that. Your name will not be known to anyone who reads your survey.</p> <p>We will take out your name and any information that could identify you. We will then store this information for five years. This information could be used for another study later. In this case we will not ask for you to consent again unless the study is very different.</p>
	<p><b>After you understand everything, you can now choose YES or NO to participating</b>  <b>You can say “no” right away or after the DIVE-VRT project has started.</b></p>

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	<p>Examples of ways that other people have said no:</p> <ul style="list-style-type: none"> <li>• I don't want to do this</li> <li>• No thank you</li> <li>• Sorry, I'm busy with other things</li> </ul>
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I **consent to/ do not consent** to participating in surveying and information-gathering activities during and after the DIVE-VRT program.

Student Signature:

Date:

Date of Birth:

***If you are under 18 or under guardianship, we will also need to obtain permission from your parent, guardian, or someone who legally represents you. Proceed to Parent/Guardian Consent Form.***

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