



# CAMP MARIPOSA®

## 2016 YOUTH APPLICATION PACKET



# APPLICATION

## **Application for the following Camp Mariposa Component:**

Weekend Camp (Youth ages 9-12)

Teen/Graduate Activities (Teens who have graduated from weekend camp program)

Family Support Activities (Youth ages 5-8) \*

\* - Applicants to Family Support Activities only need to fill out Pages 1 and 2 of Application

Camp Mariposa Location: \_\_\_\_\_

How did you learn about Camp Mariposa? \_\_\_\_\_

## **Applicant Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Nickname (if any) \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male Female Other

Street Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **We use the following information to gather demographic statistics:**

**Does the youth applicant qualify or receive free lunch at school?** Yes No

## **Race/Ethnicity of Youth Applicant**

African-American Asian Caucasian Hispanic/Latino

Native American Pacific Islander Multi-Racial Other

## **Has the youth applicant ever been involved with the juvenile justice system?**

No Yes

If yes, (check all that apply) Arrested Held in juvenile detention Placed on probation

Went to court Involved for status offense (example: truancy, runaway, ungovernable)

Other \_\_\_\_\_

## **Has the youth applicant ever received services from this organization?**

No Yes (dates \_\_\_\_\_)

**Parent/Guardian Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: *(if different than youth)* \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Relationship to youth applicant: \_\_\_\_\_

What is the best time/way to reach you? (for example - Afternoon/Email)

\_\_\_\_\_

**Emergency Contacts**

Please list two people other than you to contact in case of emergency at camp:

**Emergency Contact #1**

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

Phone: Day: \_\_\_\_\_ Eve: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to youth applicant: \_\_\_\_\_

**Emergency Contact #2**

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

Phone: Day: \_\_\_\_\_ Eve: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to youth applicant: \_\_\_\_\_

**Are you in counseling/other support services outside of camp?**

Yes

No

**Do you participate in any of the following outside of this program (check all that apply)**

Counseling	Sports	4-H	Boy/Girl Scouts	YMCA Activities
Big Brothers/Big Sisters	Dance/Theater/Arts	Boys and Girls Club	Church Activities	

Other: \_\_\_\_\_

**I live with my (check all that apply):**

Mother (biological)	Step-Mother	Adopted Mother	Foster Mother	Grandmother
Father (biological)	Step-Father	Adopted Father	Foster Father	Grandfather
Sibling(s)	Step-Sibling(s)	Cousin(s)	Aunt(s)	Uncle(s)

Other: \_\_\_\_\_

**Family Member(s) struggling with addiction (check all that apply):**

Mother (biological)	Step-Mother	Adopted Mother	Foster Mother	Grandmother
Father (biological)	Step-Father	Adopted Father	Foster Father	Grandfather
Sibling(s)	Step-Sibling(s)	Cousin(s)	Aunt(s)	Uncle(s)

Other: \_\_\_\_\_

**I am part of a military family**

**Yes**

**No**

Please indicate all branches that your family has an affiliation with:

Army	Navy	Marine Corps
Air Force	Coast Guard	

Please indicate the status of the family member with a military affiliation:

Active	Reserve	Retired
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**Family Member(s) who were or are in the military (check all that apply):**

Mother (biological)	Step-Mother	Adopted Mother	Foster Mother	Grandmother
Father (biological)	Step-Father	Adopted Father	Foster Father	Grandfather
Sibling(s)	Step-Sibling(s)	Cousin(s)	Aunt(s)	Uncle(s)

Other: \_\_\_\_\_

# HISTORY

*Camp Mariposa has been providing services for youth and families experiencing issues such as addiction, poverty, abuse and mental health for almost a decade. We recognize the following questions may be sensitive information to share, but this will help us to plan and prepare a program that will benefit all youth. In the event of current abuse of any type, Camp Mariposa staff are mandated reporters.*

## **Mental Health**

Have you (*youth applicant*) or anyone in your family experienced mental health issues?

No      Yes, please indicate who has had this experience: (*check all that apply*)  
Self                  Mother                  Father                  Sibling (brother/sister)  
Uncle/Aunt      Grandparent                  Cousin                  Other (please specify)

## **Abuse/Neglect**

Have you (*youth applicant*) experienced abuse?

No      Yes, please indicate type of abuse: (*check all that apply*)  
Physical                  Verbal                  Sexual                  Neglect  
Other (please specify)

## **Foster Care/Kinship Care**

Have you (*youth applicant*) had experience in the child welfare system (foster care, group homes, kinship care, adoption)?

No      Yes, please indicate your status in the child welfare system:  
Previously in foster care                  Currently in foster care/kinship/group care  
In foster care, but in process of reunifying with my family

## **Grief/Loss**

Have you (*youth applicant*) experienced any grief and/or loss in your life?      No      Yes (please specify):

# PROGRAM INTEREST

## YOUTH APPLICANT

T-shirt size: Youth: XS S M L XL  
Adult: XS S M L XL XXL

Have you ever spent the night away from home? No Yes  
Have you ever attended day camp before? No Yes  
Have you ever attended overnight camp before? No Yes

Please tell us what it would mean to have the opportunity to participate in the Camp Mariposa program:

## Parent/Guardian

Please list any hobbies/interests your child has: \_\_\_\_\_

Please list any special needs or physical challenges your child has: \_\_\_\_\_

Please tell us what it would mean to you for your child to participate in the Camp Mariposa program:

**I understand that Camp Mariposa is a yearlong program. I will make every effort to attend at least four weekend camps and/or a majority of the activities that will be held during the coming year.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_