



**CAMP MARIPOSA®**

## **2019 YOUTH APPLICATION PACKET**



### **Dates**

- April 5 - 7, 2019
- June 14-16, 2019
- August 23-25, 2019
- November 8-10, 2019

# 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 (circle 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 (circle 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 (circle 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

**Family Member(s) who were or are in the military (circle 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: (*mark 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: (*mark 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

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# 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:

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## Parent/Guardian

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

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

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

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