

## CAMP MARIPOSA®

### 2019 YOUTH APPLICATION PACKET



### Camp Mariposa Location

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Chicago          | <input type="checkbox"/> New Orleans      | <input type="checkbox"/> South Bend               |
| <input type="checkbox"/> Dayton, OH       | <input type="checkbox"/> Philadelphia     | <input type="checkbox"/> St. Petersburg           |
| <input type="checkbox"/> Eastern Kentucky | <input type="checkbox"/> San Diego        | <input type="checkbox"/> West Virginia            |
| <input type="checkbox"/> Los Angeles      | <input type="checkbox"/> Sarasota/Manatee | <input type="checkbox"/> <i>Community Program</i> |
| <input type="checkbox"/> Nashua, NH       | <input type="checkbox"/> Seattle/Everett  | <i>(Philadelphia area only)</i>                   |

# Camp Mariposa Component

- Camp Mariposa Program:**  Weekend Camp (Youth ages 9-12)  
 Junior Counselor/Alumni  
 Mariposa Community Program (Philadelphia area only)

- How did you learn about Camp Mariposa?**  Friend  Social Media  Camp Mariposa Camper  
 Parent  School  Moyer Foundation Website  
 Therapist  Other: \_\_\_\_\_

## Youth Applicant Information

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

**Preferred/Nickname (if any):** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth (mm/dd/yy):** \_\_\_\_\_ **Gender:**  Male  Female  Other

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

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

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*The following information is used 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  
 Multi-Racial  Native American  Pacific Islander  Other

**Has the youth applicant ever been involved with the juvenile justice system?**  Yes  No

**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?**  Yes  No

# Youth Activities

Does youth applicant participate in any of the following outside of this program (check all that apply):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Church Activities | <input type="checkbox"/> Sports                   | <input type="checkbox"/> Boys and Girls Club | <input type="checkbox"/> Boy/Girl Scouts |
| <input type="checkbox"/> YMCA Activities   | <input type="checkbox"/> Big Brothers/Big Sisters | <input type="checkbox"/> Dance/Theater/Art   | <input type="checkbox"/> 4H              |
| <input type="checkbox"/> Day Camp          | <input type="checkbox"/> Overnight Camp           | <input type="checkbox"/> Other: _____        |  |

Is the youth applicant currently in counseling?  Yes  No

## Youth Family Information

Youth applicant lives with (check all that apply):

- |  |  |   |  |                                      |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Step-Mother     | <input type="checkbox"/> Adopted Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father (biological) | <input type="checkbox"/> Step-Father     | <input type="checkbox"/> Adopted Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Sibling(s)          | <input type="checkbox"/> Step-Sibling(s) | <input type="checkbox"/> Cousin(s)      | <input type="checkbox"/> Aunt(s)       | <input type="checkbox"/> Uncle(s)    |
| <input type="checkbox"/> Other: _____        |  |   |  |                                      |

Youth applicant's Family member(s) struggling with addiction (check all that apply):

- |  |  |   |  |                                      |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Step-Mother     | <input type="checkbox"/> Adopted Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father (biological) | <input type="checkbox"/> Step-Father     | <input type="checkbox"/> Adopted Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Sibling(s)          | <input type="checkbox"/> Step-Sibling(s) | <input type="checkbox"/> Cousin(s)      | <input type="checkbox"/> Aunt(s)       | <input type="checkbox"/> Uncle(s)    |
| <input type="checkbox"/> Other: _____        |  |   |  |                                      |

Youth applicant has a family member/guardian in the military (past or present):  Yes  No

If Yes, please indicate all branches that your family has an affiliation with:

- Army  Navy  Marine Corps  Air Force  National Guard  Coast Guard

If Yes, please indicate the status of the family member(s) with military affiliation

- Active  Reserved  Reired/Veteran

If Yes, please indicate the family members who were or are in the military (check all that apply):

- |  |  |   |  |                                      |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Step-Mother     | <input type="checkbox"/> Adopted Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father (biological) | <input type="checkbox"/> Step-Father     | <input type="checkbox"/> Adopted Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Sibling(s)          | <input type="checkbox"/> Step-Sibling(s) | <input type="checkbox"/> Cousin(s)      | <input type="checkbox"/> Aunt(s)       | <input type="checkbox"/> Uncle(s)    |
| <input type="checkbox"/> Other: _____        |  |   |  |                                      |

# Youth Applicant History

*Camp Mariposa has been providing services for youth and families experiencing issues such as addiction, poverty, abuse and mental health for over a decade. We recognize the following questions may be sensitive information to share, but this will help us 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

Has youth applicant or anyone in his/her family experienced mental health issues?  Yes  No

If yes, please indicate who has had this experience: *(check all that apply)*

- Self       Mother       Father       Sibling (brother/sister)  
 Uncle/Aunt       Grandparent       Cousin       Other: \_\_\_\_\_

## Abuse/Neglect

Has youth applicant experienced abuse?  Yes  No

If yes, please indicate type of abuse *(check all that apply)*:  Physical  Verbal  Sexual  Neglect  
 Other: \_\_\_\_\_

## Foster Care/Kinship Care

Has youth applicant had experience in the foster care system (foster parents, group homes, kinship care, adoption)?  Yes  No

If yes, please indicate your status in the foster care system:

- Previously in foster care       Currently in foster care/kinship/group care  
 In foster care, but in process of reunifying with his/her family

## Grief/Loss

Has youth applicant experienced any grief and/or loss in his/her life?  Yes  No

If yes, please specify:

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# Program Interest

Youth Applicant T-shirt size:

Youth Size:  XS  S  M  L  XL  
Adult Size:  XS  S  M  L  XL  XXL

Has youth applicant ever spent the night away from home?  Yes  No

## Parent/Guardian Contact Information

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

Last: \_\_\_\_\_

Preferred/Nickname (if any): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_ Gender:  Male  Female  Other

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

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

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

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

## Emergency Contacts

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

### Emergency Contact #1

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

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

### Emergency Contact #2

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

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

# Additional Youth Information

Please list any special needs or physical challenges the youth applicant has:

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Please tell us what it would mean for the youth applicant to participate in the Camp Mariposa program:

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Please list any hobbies/interests the youth applicant has:

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## Acknowledgment

- ✓ **Weekend Camp:** I understand that Camp Mariposa is a yearlong program. I will make every effort to attend each weekend camp and/or a majority of the activities that will be held during the coming year.
  
- ✓ **Community Program:** I understand that the Mariposa Community Program is a 12-week program. I will make every effort to attend all sessions, including the opening and closing family sessions.

Parent/Guardian Signature: \_\_\_\_\_ Date(mm/dd/yy): \_\_\_\_\_

Youth Applicant Signature: \_\_\_\_\_ Date(mm/dd/yy): \_\_\_\_\_