

Name of Teen Peer: _____

Autism Pensacola, Inc.
Kids for Camp Teen Peer Application – Summer 2017

What is Kids for Camp? An intensive educational opportunity for individuals, ages 2-25, with Autism Spectrum Disorder (ASD) providing skills acquisition and positive behavior support from highly trained teachers and staff.

What is the role of the teen peer? The teen peer plays a vital role in the success of Kids for Camp. Main responsibilities are to be a friend to the campers, be a helper to the staff and other peers, and be a role model by participating fully in all camp activities. For ages 12-18.

When is Kids for Camp? Camp runs from June 14 to July 20, Monday through Thursday. Hours are 9 a.m. to 2:30 p.m.

Where is Kids for Camp? Holm Elementary and Washington High in Pensacola

Teen peer training: All peers are required to attend one training session. Training sessions will be held prior to the beginning of camp and will last for approximately 1 to 1-1/2 hours. If you do not attend training, you will not be allowed to work as a peer. Training dates are TBA.

(Please print clearly)

Name: _____ Age: _____

Address: _____ DOB: _____

City/State/Zip: _____ Grade: _____

Home phone: _____ Cell: _____

Email: _____ Returning peer? Yes No

Current School: _____

Current Employer: _____

To what organization would you like your volunteer hours reported? _____

*Would you prefer to work with younger children (preschool-12) older children (13-19)

*We will do our best to honor your placement request. However, we may not always be able to. Please remember this is a learning opportunity and strive to do your best regardless of placement.

Availability: Camp is in session Monday through Thursday, June 14*-July 20, 2017. The camp hours are from 9 a.m. to 2 p.m. We require peers to commit to attend one week, minimum. (June 14 & 15 Teen Peers by invitation only)

June 19-22 June 26-29 July 5-6* July 10-13 July 17-20

**Camp is not in session July 4th*



Name of Teen Peer: _____

Teen Peer Emergency Information

Allergies: Please list any known allergies and the allergic reactions you may have:	
Food Allergies: (ex. gluten, casein, artificial colors)	
Medication Allergies:	
Other Allergies: (ex. latex, chemical, bee)	

Are there any medical conditions we should be aware of during your time at *Kids for Camp*?

Insurance Information

Insurance Coverage for accidents or illness while participating at Camp is the responsibility of the camper and /or their family.

Carrier: _____ Policy or Group #: _____

Medicare #: _____ Medicaid #: _____

Address of Carrier: _____ City/State/Zip: _____

In Case of Emergency Please Contact:

Contact Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Second Contact: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Doctor's Name: _____ Address: _____ Phone: _____

I give permission for qualified camp personnel to administer first aid should a situation requiring medical attention occur while at camp, and **IN THE CASE of EMERGENCY**, give permission to access the emergency medical system and to allow the physician selected by the camp director to provide necessary treatment.

My name here indicates my permission.

Parent/Guardian Name: _____ Date: _____



Name of Teen Peer: _____

Photo Release: I/we grant permission to Kids for Camp to use my photos (including without limitation, print, non-theatrical, home video, CD-ROM, internet and other electronic mediums) for advertising, publicity, or any other purpose. I hereby agree that I will not bring or consent to others bringing any claim or action against Kids for Camp - Autism Pensacola, Inc., the Autism Center of The Studer Family Children's Hospital at Sacred Heart, Escambia County School District, or Santa Rosa County School District.

General Release: I/we agree to indemnify and hold harmless Kids for Camp, Autism Pensacola, Escambia County School District, and Santa Rosa County School District, and any employee, team member, and/or team partner against any and all claims by on behalf of any person or legal entity arising from my participation in this program and will further indemnify and hold harmless those parties from and against all costs, attorney's fees, expense and liabilities incurred in or about any claim or proceeding brought thereon, all to the extent of the liability under federal law.

By my signature, I attest that I am the person completing the form and the information herein is correct. I further attest that I agree to the policies and procedures for camp.

Peer's Name Date

By my signature, I attest that I am the parent or guardian of the teen completing this form. I further attest that I give my permission for this teen to participate in Autism Pensacola's Kids for Camp Summer Learning Lab.

Parent/Guardian's Full Name Date

References:

Professional (school or work) Name: _____ Phone: _____

How does this person know you? _____

Personal - Name: _____ Phone: _____

How does this person know you? _____

Special Skills:

Do you have any special skills or talents that you would be willing to share during camp? (ex. play an instrument, art, photography, videography, etc.)



Name of Teen Peer: _____

Please complete the following short answer questions

1. How did you hear about this peer opportunity?

2. What made you think this would be a good experience for you?

3. What qualities do you have to bring to our program as a teen peer?

4. Have you read any books about autism? Yes No

5. If so, what did you learn or what thoughts did you have about what you read?

6. Do you know someone personally who has autism? Yes No

a. If yes, who is this person to you? (Sister, brother, friend, cousin, etc.)

b. What are some of your experiences with that individual?

7. What do you hope to learn from this experience?



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Kids for Camp T-Shirts!

It's time to order your camp T-shirts! Please fill out this form and submit it, along with appropriate payment (if additional t-shirts are ordered) with your volunteer application.

As a teen peer, you will receive **one** camp T-shirt as a thank you for your volunteerism. Please indicate the size for this T-shirt below.

___child x-small ___child small ___child medium ___child large ___child x-large
___adult small ___adult medium ___adult large ___adult x-large ___adult 2x
___adult 3x

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You may purchase additional T-shirts for yourself, your family members, and friends. These T-shirts are \$10.00 each and payment must be submitted with this order form. Please indicate sizes and numbers desired below.

\_\_\_child x-small    \_\_\_child small    \_\_\_child medium    \_\_\_child large    \_\_\_child x-large  
\_\_\_adult small    \_\_\_adult medium    \_\_\_adult large    \_\_\_adult x-large    \_\_\_adult 2x  
\_\_\_adult 3x

Total number of T-shirts ordered \_\_\_\_\_ x \$10.00 = \_\_\_\_\_ total amount due



Name of Teen Peer: \_\_\_\_\_

Please make checks payable to Autism Pensacola.

## **Submitting your Application:**

Two ways to submit application:

- Via email – send your completed application to [teenpeers@autismpensacola.org](mailto:teenpeers@autismpensacola.org)
- By mail – you may print off your completed application and mail to:

Autism Pensacola

Teen Peer Application

P.O. Box 30213

Pensacola, FL 32503

You will receive one email when your information has been received.

Hand delivered applications must be given to an employee of Autism Pensacola, not an Arc employee.

For all other questions, please email:  
[teenpeers@autismpensacola.org](mailto:teenpeers@autismpensacola.org)

