

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

## Autism Pensacola, Inc.

### Kids for Camp Teen Peer Application –Summer 2019

**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 Wednesday, June 12 to Wednesday, July 17, Monday through Thursday. Hours are 9 a.m. to 2:30 p.m. No camp on July 4.

**Where is Kids for Camp?** Capstone Academy, 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 May 18 at noon (Arc Gateway, Pollak Training Center); or June 11 at 10 a.m. (Washington High School).

(Please print clearly)

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Best phone: \_\_\_\_\_ Other: \_\_\_\_\_

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

Current School: \_\_\_\_\_

Current Employer: \_\_\_\_\_

To what organization would you like your volunteer hours reported? \_\_\_\_\_

Returning peer?  Yes  N

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 12-July 17, 2018. The camp hours are from 9 a.m. to 2 p.m. We require peers to commit to attend one week, minimum. (June 12 - 13 Teen Peers by invitation only)

June 17-20     June 24-27     July 1-3\*     July 8-11     July 15-17  
(July 18 is campus cleanup)

If you would like to be considered for other weeks, list your availability here: \_\_\_\_\_

\*Camp is not in session July 4th



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

**Teen Peer Emergency Medical Information**

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/Group #: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Address of Carrier: \_\_\_\_\_

In Case of Emergency, Please Contact:

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Second Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

**References:**

Professional (school or work) Name: \_\_\_\_\_

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

How does this person know you? \_\_\_\_\_

Personal Reference Name: \_\_\_\_\_

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



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

**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)

