

Name of Teen Peer: _____

Autism Pensacola, Inc.

Kids for Camp Teen Peer Application – Summer 2021

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. Due to classroom size limitations, we are only opening the application period to experienced teen peers who have volunteered for past sessions.

When is Kids for Camp? Camp runs from Monday, June 16 to Thursday, July 15, 2021, Monday through Thursday. Hours are 8:45 a.m. to 1:45 p.m.

Where is Kids for Camp? Booker T. Washington High School Campus, Holm Elementary School, Capstone Academy.

(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 16-July 15, 2021. The camp hours are from 8:45 a.m. to 1:45 p.m. We require peers to commit to attend one week, minimum.

- June 16-17 June 21-24 June 28 - July 1 July 5-8 July 12-15
(Invite Only)



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: _____

Submitting your Application:

Two ways to submit application:

- Via email – send your completed application to shanan@autismpensacola.org
- By mail – you may print off your completed application and mail to:

Autism Pensacola
Teen Peer Application
10001 N. Davis Highway
Pensacola, FL 32514

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

Hand delivered applications must be given to an employee of Autism Pensacola, **not** a UWF employee.

For all other questions, please email:
shanan@autismpensacola.org

