

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

## Autism Pensacola, Inc.

### Kids for Camp Teen Peer Application –Summer 2022

**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.

**When is Kids for Camp?** Camp runs from Wednesday, June 15<sup>th</sup> to Wednesday, July 20<sup>th</sup>, Monday through Thursday. Camper hours are 9 a.m. to 2:30 p.m.

**Where is Kids for Camp?** Holm Elementary School and Washington High School located in Pensacola.

(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 15 - July 20, 2022. The Teen Peer volunteer hours are from 8:45 a.m. to 2:45 p.m. We require peers to commit to attend one week, minimum. Week 1 is by invite only.

**Week 1**  
June 15-16

**Week 2**  
June 20 - 23

**Week 3**  
June 27 - 30

**Week 4**  
July 5-7

**Week 5**  
July 11-14

**Week 6**  
July 18-20

\*Camp is not in session July 4th

Teen Peers must attend one mandatory training session prior to the beginning of camp. Which date can you attend?

Saturday, May 21<sup>st</sup> at 11 AM  
Autism Pensacola Office

Wednesday, June 1<sup>st</sup> at 4 PM  
Autism Pensacola Office

Tuesday, June 14 at 2 PM  
Washington High School



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 Ascension Sacred Heart, or the Escambia County School District. \_\_\_\_\_ (Parent Initial)

**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. \_\_\_\_\_ (Parent Initial)

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  
10001 N. Davis Highway, Bldg. 1  
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](mailto:shanan@autismpensacola.org)



## Summer 2021 Standards of Behavior for Kids for Camp Teen Peers

*Kids for Camp* is dedicated to creating a safe place for children with autism to learn and have fun and Teen Peers are key to our success. As a teen peer, you provide a valuable service to our campers and are an integral part of our team. Our goal is to create a pleasant, effective learning environment for all. As a team peer you need to be on time, follow directions, and wear appropriate attire.

Volunteering at camp is a job. You will be 'paid' in valuable experience and best of all, great friendships!

### Attitude:

- Set a good example. **You are a role model!**
- Be honest, trustworthy, and respectful. Respect other's privacy, diversity, and time.
- Be on time, ready to work, and in your assigned area.
- Be flexible, tolerant, and supportive. Cooperation as a result of teamwork equals success.
- Be accountable, do the right thing even when no one is watching.
- Be friendly, kind and compassionate; greet others with a smile and verbal acknowledgment.
- Recognize each person's individual uniqueness.

### Learning:

- Participate in the learning environment providing valuable constructive feedback to camp staff.
- Model appropriate classroom behavior: never speak during or interrupt a presentation, be on time coming back from breaks, and keep cell phones off.

### Relationships:

- Respect all staff and peers.
- Recognize different communication styles – compromise when needed. Look for ways to communicate effectively with each other.
- Manage any conflict by directly conversing with the person(s) involved except for in cases of sexual harassment, verbal threats of physical harm against you, and outward displays of physical aggression from the person involved. Immediately report this to the Teen Peer Coordinator/Coach.
- Be empathetic and positive to seek a solution for the good of all.
- Ask to speak with the Teen Peer Coordinator/Coach if you have issues that need further discussion, we want to maintain a safe environment for all.

### Attire:

- Must meet school dress code regulations. No tank tops, crop tops, or tops that reveal your midriff. Shorts must have an inseam of at least 4 inches (no "short shorts").
- Wear shoes that are comfortable and safe. No short shorts or crop tops.

### You are expected to refrain from:

- Gossip, negative criticism, and use of profanity.
- Any form or type of disruptive behavior, discrimination, or harassment.
- Speaking on a personal cell phone or texting when you are with campers.



I agree to follow these standards of behavior as a teen peer for *Kids for Camp*.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

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



**AUTISM PENSACOLA INC. MEDIA PUBLICITY WAIVER**  
*(\*one waiver per individual)*

I, \_\_\_\_\_, grant permission to Autism Pensacola (API) to use my/my child's image for use in marketing and/or publicity for API.

Please check the statement below that is applicable to this media waiver:

- This is a media waiver for myself, an adult who is 18 years of age or older.
- This is a media waiver for my child, a minor who is under the age of 18 or an adult child who is over the age of 18 and unable to understand the contents, meaning, or impact of this release.

**EXCEPTIONS TO THIS WAIVER** *(\*check those you wish to exclude):*

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Videos               | <input type="checkbox"/> Email Blasts         | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> General Publications | <input type="checkbox"/> Social Media/Website |                                      |
- Use of first name is not permitted.       Use of last name is not permitted.

I understand that I am free to revoke or alter this media waiver at any time by contacting Autism Pensacola through email, phone call, or in person at the API office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_



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