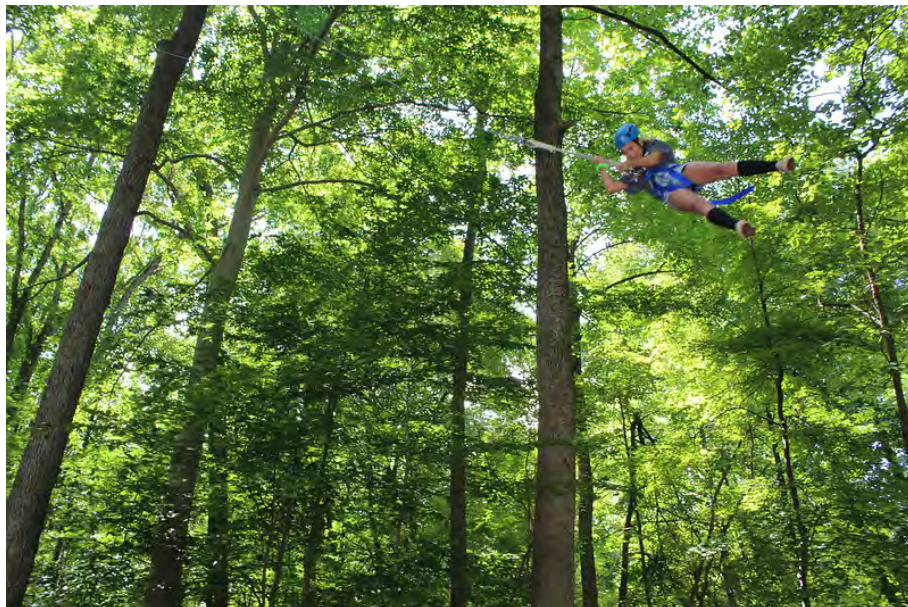


CAMP MARIPOSA®

2021 YOUTH APPLICATION



Camp Mariposa Location

Chicago, IL

Dandridge, TN

Dayton, OH

Everett, WA

Hamilton, OH

Indianapolis, IN

Irvine, KY

Martinsburg, WV

Nashua, NH

New Orleans, LA

Philadelphia, PA

Princeton, WV

San Diego, CA

Sarasota, FL

South Bend, IN

St. Petersburg, FL

Vancouver, WA

Other:

Camp Mariposa (CM) Component

Camp Mariposa Program: Camper (Youth ages 9-12)
Junior Counselor/Alumni/Teen

How did you learn about Camp Mariposa? CM Director/Staff CM Parent Friend
Therapist School Social Worker/Case Manager
Social Media Eluna Website Other: _

Youth Applicant Information

First Name: _____ **Last:** _____ **MI:** _____
Preferred/Nickname (if any): _____ **Age:** _____ **Date of Birth (mm/dd/yy):** _____
Gender: Female Male Non-conforming/Nonbinary 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/Black American Indian/Native American Asian
Hispanic/Latino Pacific Islander White/Caucasian Multi-racial *(please select all race/ethnicities that apply)*
Other Race/Ethnicity: _____

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):

Church Activities	Sports	Boys and Girls Club	Boys/Girl Scouts
YMCA Activities	Big Brothers/Big Sisters	Dance/Theater/Art	4H
Day Camp	Overnight Camp	Other:	

Is the youth applicant currently in counseling? Yes No

Youth Family Information

Youth applicant lives with (check all that apply):

Mother (biological)	Step-Mother	Adopted Mother	Foster Mother	Grandmother
Father (biological)	Step-Father	Adopted Father	Foster Father	Grandfather
Sibling(s)	Step-Sibling(s)	Cousin(s)	Aunt(s)	Uncle(s)
Group & Residential Staff/Program		Other:		

Youth applicant's family member has the disease of addiction (past or present) (check all that apply):

Mother (biological)	Step-Mother	Adopted Mother	Foster Mother	Grandmother
Father (biological)	Step-Father	Adopted Father	Foster Father	Grandfather
Sibling(s)	Step-Sibling(s)	Cousin(s)	Aunt(s)	Uncle(s)
Other:				

Please indicate the type of substance(s) the youth applicant's family member(s) has struggled with (check all that apply):

Alcohol	Hallucinogens (LSD, PCP, etc.)	Stimulants (Cocaine, Meth, Adderall etc.)
Marijuana	Opioids (Heroin, Fentanyl, Oxycodone etc.)	Other:
Unknown	Prefer Not to Say	

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 Reserve Retired/Veteran

If yes, please indicate the family member(s) who were or are in the military (check all that apply):

Mother (biological) Step-Mother Adopted Mother Foster Mother Grandmother
Father (biological) Step-Father Adopted Father Foster Father Grandfather
Sibling(s) Step-Sibling(s) Cousin(s) Aunt(s) Uncle(s)
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*): Emotional Neglect Physical
Sexual Verbal Other:

Emergency Contacts

Please list two people other than you to contact in case of an 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:

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

Please list any hobbies/interests the youth applicant has:

Acknowledgment

- ✓ **Camper:** I understand that Camp Mariposa is a yearlong program. I will make every effort to attend each weekend camp and a majority of the activities that will be held during the coming year.

- ✓ **Junior Counselor:** I understand that the Junior Counselor program is a leadership program for Camp Mariposa alumni interested in gaining valuable experience by assisting staff and supporting campers. I will make every effort to attend all weekend sessions I am invited to and a majority of the additional activities that will be held during the coming year.

- ✓ **Teen/Alumni:** I understand that as a teen participant of the Camp Mariposa teen program, I will be invited to attend special activities. I will make every effort to attend all activities during the coming year.

Parent/Guardian Signature:

Date(*mm/dd/yy*):

Youth Applicant Signature:

Date(*mm/dd/yy*):