



CAMP MARIPOSA®

2023 YOUTH APPLICATION

Camp Mariposa Location

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Anderson, SC | <input type="checkbox"/> Everett, WA | <input type="checkbox"/> Nashua, NH | <input type="checkbox"/> Sarasota, FL |
| <input type="checkbox"/> Bloomfield, IN | <input type="checkbox"/> Southwest OH | <input type="checkbox"/> New Orleans, LA | <input type="checkbox"/> South Bend, IN |
| <input type="checkbox"/> Chicago, IL | <input type="checkbox"/> Indianapolis, IN | <input type="checkbox"/> Philadelphia, PA | <input type="checkbox"/> St. Petersburg, FL |
| <input type="checkbox"/> Dandridge, TN | <input type="checkbox"/> Irvine, KY | <input type="checkbox"/> Southern WV | <input type="checkbox"/> Southwest WA |
| <input type="checkbox"/> Dayton, OH | <input type="checkbox"/> Eastern WV | <input type="checkbox"/> San Diego, CA | <input type="checkbox"/> Other: _____ |

Camp Mariposa Program:

Alumni Teen Junior Counselor Camper (Youth ages 9-12)

How did you learn about Camp Mariposa?

CM Director CM Parent Friend
 Therapist School Social Worker/Case Manager
 Social Media Eluna Website Other: _____

Youth Applicant Information

First Name: _____ **Last:** _____ **MI:** _____

Date of Birth (mm/dd/yy): _____ **Age:** _____ **Preferred Name/Nickname:** _____

Gender: Female Male Nonbinary/Nonconforming Prefer to self-describe: _____

Street Address: _____ **Apartment/Unit #:** _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Youth applicant t-shirt size: Youth Size: S M L XL

Adult Size: XS S M L XL 2XL 3XL 4XL

Has the youth applicant ever spent the night away from home? Yes No

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
 Hispanic/Latino Pacific Islander White/Caucasian
 Asian Multi-racial (please select all that apply) Other Race/Ethnicity: _____

Has the youth applicant ever been involved with the juvenile justice system? Yes No

If yes, please 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):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Religious Activities | <input type="checkbox"/> Sports | <input type="checkbox"/> Boys and Girls Club | <input type="checkbox"/> Boys/Girls Scouts |
| <input type="checkbox"/> YMCA Activities | <input type="checkbox"/> Big Brothers/Big Sisters | <input type="checkbox"/> Dance/Theater Art | <input type="checkbox"/> 4H |
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Overnight Camp | <input type="checkbox"/> Other: _____ | |

Is the youth applicant currently in counseling? Yes No

Youth Family Information

Youth applicant lives with (check all that apply):

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Adopted Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father (biological) | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Adopted Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Step-Sibling(s) | <input type="checkbox"/> Cousin(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Uncle(s) |
| <input type="checkbox"/> Group & Residential Staff/Program | | <input type="checkbox"/> Other: _____ | | |

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

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Adopted Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father (biological) | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Adopted Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Step-Sibling(s) | <input type="checkbox"/> Cousin(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Uncle(s) |
| <input type="checkbox"/> Other: _____ | | | | |

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

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Hallucinogens (LSD, PCP, etc.) | <input type="checkbox"/> Stimulants (Cocaine, Meth, Adderall, etc.) |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Opioids (Heroin, Fentanyl, Oxycodone, etc) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> 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:

- | | | | | | |
|-------------------------------|-------------------------------|---------------------------------------|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Army | <input type="checkbox"/> Navy | <input type="checkbox"/> Marine Corps | <input type="checkbox"/> Air Force | <input type="checkbox"/> National Guard | <input type="checkbox"/> Coast Guard |
|-------------------------------|-------------------------------|---------------------------------------|------------------------------------|---|--------------------------------------|

If yes, please indicate the status of the family member(s) with military affiliation:

- | | | |
|---------------------------------|----------------------------------|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Reserve | <input type="checkbox"/> Retired/Veteran |
|---------------------------------|----------------------------------|--|

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

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Adopted Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father (biological) | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Adopted Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Step-Siblings | <input type="checkbox"/> Cousins | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Uncles |
| <input type="checkbox"/> 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 the 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):

- | | | | |
|-------------------------------------|--------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Sibling (brother/sister) |
| <input type="checkbox"/> Uncle/Aunt | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Cousin | <input type="checkbox"/> Other: _____ |

Abuse/Neglect

Has youth applicant experienced abuse? Yes No

If **yes**, please indicate type of abuse (check all that apply):

- | | | |
|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Neglect | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Verbal | <input type="checkbox"/> Other: _____ |

Foster Care/Kinship Care

Has the youth applicant been in foster or kinship care? Yes No

If **yes**, please indicate the youth applicant's status in kinship care or the foster care system:

- | | |
|--|---|
| <input type="checkbox"/> Previously in foster or kinship care | <input type="checkbox"/> In foster care, but in the process of reunifying with their family |
| <input type="checkbox"/> Currently in kinship/foster care/group care | |

Grief/Loss

Has the youth applicant experienced grief or loss such as loss due to death, separation or incarceration?

Yes No

If **yes**, please specify:

Parent/Guardian Contact Information

First Name: _____ Last: _____ MI _____

Preferred/Nickname (if any): _____ Age: _____ Date of Birth (mm/dd/yy): _____

Gender: Female Male Non-conforming/Nonbinary Prefer to self-describe: _____

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship to applicant: _____

Email: _____

Emergency Contacts

Please list 2 people other than you to contact in case of emergency at camp.

Emergency Contact #1

Name: _____ Relationship to applicant: _____

Preferred Phone Number: _____ Phone Type: Cell Home

Emergency Contact #2

Name: _____ Relationship to applicant: _____

Preferred Phone Number: _____ Phone Type: Cell Home

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): _____