



CAMP MARIPOSA® 2024 YOUTH APPLICATION

Thank you for your interest in enrolling or re-enrolling a youth in the Camp Mariposa program.

Camp Mariposa is a year-round addiction prevention and mentoring program for youth ages 9-12 affected by the substance use disorder of a family member. All youth and mentors make a one-year commitment to the program by attending at least four camps and additional activities. Some CM locations also offer day or overnight camps for teens ages 13-17.

Camp Mariposa has been providing services for youth and families for over fifteen years. We recognize some questions in the application may be sensitive information for you to share and appreciate you providing the necessary information. The information gathered allows us to develop a program that will benefit all youth and gather important demographic information. If you have questions about the application, please contact your local CM Program Director.

Camp Mariposa Location of Interest: _____

Camp Mariposa Program:

- Camper (Ages 9-12) Junior Counselor Alumni Teen

How did you learn about Camp Mariposa?

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

Youth Applicant Information

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

Preferred Name/Nickname: _____

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

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: XL

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

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
 Asian Hispanic/Latinx Pacific Islander White/Caucasian
 Multi-race (please check all race/ethnicities that apply) Self-describe 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 detentio 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):

- Religious Activities Sports Boys and Girls Club Boys/Girls 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 who has struggled, past or present, with the disease of addiction (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 Space Force

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-Siblings Cousins Aunt(s) Uncles
 Other: _____

Youth Applicant History

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):

- 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: _____

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:

- Previously in foster or kinship care In foster care, but in the process of reunifying with their family
 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: _____ Email: _____

Relationship to applicant: _____

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

- I understand Camp Mariposa is a yearlong program. I will make every effort to ensure my youth applicant attends each camp and a majority of the social activities that will be held in the coming year.
- I hereby certify that the information given on this form is factual and complete. I release from liability any person and/or this organization giving, receiving, or utilizing such information in making decisions regarding my child/youth's enrollment in Camp Mariposa.

Parent/Guardian Signature: _____

Date (mm/dd/yy): _____