

# CAMP MARIPOSA® 2025 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 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.

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. 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 Camp Mariposa Director.

**Camp Mariposa Location:** \_\_\_\_\_

**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:  L  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, check all that apply:

- Deceased - Parent       Incarcerated - Parent       Separated - Parent  
 Deceased - Sibling       Incarcerated - Sibling       Separated - Sibling  
 Deceased - Grandparent       Incarcerated - Grandparent       Separated - Grandparent  
 Deceased - Other Family Member       Incarcerated - Other Family Member       Separated - Other Family Member

Please share additional loss information:

---

---

## 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: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Does the parent/guardian have the same address as the youth applicant?

Yes  No (if no, please enter your address below)

Street Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Emergency Contacts

Please list one or two 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 weekend camp and a majority of the social activities that will be held in the coming year.
- I understand submission of this application does not guarantee my youth applicant will be enrolled or re-enrolled in Camp Mariposa.
- 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:** \_\_\_\_\_

**Today's Date (mm/dd/yy):** \_\_\_\_\_



**Camp Mariposa Evaluation of Informed Consent for Parents and Guardians**

**Important Notice: Please read this consent document before proceeding.**

**Purpose:**

Camp Mariposa collects information on participants for organizational, research, and evaluation purposes. Through this effort, we hope to continuously improve the Camp Mariposa program. By proceeding, selecting the consent statement for your youth to participate and signing the bottom of this page, you have agreed for you and your youth to participate. This program evaluation is being conducted by Camp Mariposa and Eluna, in conjunction with researchers and Camp Mariposa funders. We appreciate your participation.

**Risks and Benefits:**

The Youth Application, Evaluation Survey, and Youth Questionnaire include items regarding family history, substance use, juvenile justice involvement, peer relationships, mentor relationships, education, and quality of life. If any of these topics make you or your youth uncomfortable, or you do not care to answer, you or your youth may choose not to answer. The collection of this information and the subsequent evaluation process pose minimal risk as Camp Mariposa ensures confidentiality of your information.

**Right to Privacy:**

All forms and materials will be maintained by Camp Mariposa staff, and any data shared for research or evaluation purposes will be made anonymous to protect participant confidentiality. Identifiable information collected during the study will be removed, and de-identified information be used for future research studies or distributed to another investigator for future research studies without additional informed consent from participants or legally authorized representative. The results of any research or evaluation may be released to Camp Mariposa management, Eluna, affiliates and funders. If the results of any study are shared or published, the privacy of camp participants and their families will be protected, and individuals will not be identified in any way.

**Right to Participate or Withdraw:**

This notice is distributed to all Camp Mariposa campers and their parents/guardians. Participation is completely voluntary, and you or your youth may request to withdraw consent (verbally or in writing), choose not to answer any question on our forms, and/or ask questions at any time. You and your youth’s relationship with Eluna, Camp Mariposa, and any research or funding entities supporting this work will not be affected if you or your youth chose to not take part in the study or change your mind later. There is no incentive for participating at this time other than knowing you are helping us develop our program to help future campers and their families.

**Below we request the consent of camper parents/guardians. Your signature means that you have read this form in its entirety, comprehend the consent, and are willing to participate in sharing your and your youth’s information for program evaluation and research purposes.**

**I have read the CM Evaluation Notice of Informed Consent and I (select one):**

- Provide permission for my youth to participate in the evaluation study. I understand all forms and materials will be maintained by Camp Mariposa staff, and any data shared for research or evaluation purposes will be made anonymous to protect confidentiality.
- Do not want my youth to participate in the evaluation study.

Parent/Guardian Signature for Consent: \_\_\_\_\_ Date: \_\_\_\_\_

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

For any questions about this form or the research and evaluation project, please contact: Brian J. Maus, MA, LMFT, Director of Addiction Prevention and Mentoring Programs at [brianmaus@elunanetwork.org](mailto:brianmaus@elunanetwork.org) or 267-563-7462