



# CAMP MARIPOSA®

## 2019 YOUTH APPLICATION PACKET



### Camp Mariposa Location

- |                  |                  |                                 |
|------------------|------------------|---------------------------------|
| Chicago          | New Orleans      | South Bend                      |
| Dayton, OH       | Philadelphia     | St. Petersburg                  |
| Eastern Kentucky | San Diego        | West Virginia                   |
| Los Angeles      | Sarasota/Manatee | <i>Community Program</i>        |
| Nashua, NH       | Seattle/Everett  | <i>(Philadelphia area only)</i> |

# Camp Mariposa Component

**Camp Mariposa Program:** Weekend Camp (Youth ages 9-12)  
Junior Counselor/Alumni  
Mariposa Community Program (Philadelphia area only)

**How did you learn about Camp Mariposa?** Friend Social Media Camp Mariposa Camper  
Parent School Moyer Foundation Website  
Therapist Other:

## Youth Applicant Information

**First Name:** **Last:** **MI:**  
**Preferred/Nickname (if any):**  
**Age:** **Date of Birth (mm/dd/yy):** **Gender:** Male Female 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 Asian Caucasian Hispanic/Latino  
Multi-Racial Native American Pacific Islander Other

**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	Boy/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)
Other:				

**Youth applicant's Family member(s) struggling with 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:				

**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
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**If Yes, please indicate the status of the family member(s) with military affiliation**

Active	Reserved	Reired/Veteran
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**If Yes, please indicate the family members 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)*:      Physical      Verbal      Sexual      Neglect  
Other:

## Foster Care/Kinship Care

Has youth applicant had experience in the foster care system (foster parents, group homes, kinship care, adoption)? Yes No

If yes, please indicate your status in the foster care system:

Previously in foster care                      Currently in foster care/kinship/group care  
In foster care, but in process of reunifying with his/her family

## Grief/Loss

Has youth applicant experienced any grief and/or loss in his/her life? Yes No

If yes, please specify:

## Program Interest

Youth Applicant T-shirt size:      Youth Size:    XS    S    M    L    XL  
Adult Size:    XS    S    M    L    XL    XXL

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

## Parent/Guardian Contact Information

7    Name: \_\_\_\_\_      MI: \_\_\_\_\_  
O : \_\_\_\_\_  
Preferred/Nickname (if any): \_\_\_\_\_  
Age: \_\_\_\_\_      Date of Birth (mm/dd/yy): \_\_\_\_\_      Gender:    Male    Female    Other  
Street Address: \_\_\_\_\_      Apartment/Unit #: \_\_\_\_\_  
City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_      Email: \_\_\_\_\_  
Relationship to youth applicant: \_\_\_\_\_

## Emergency Contacts

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

- ✓ **Weekend Camp:** I understand that Camp Mariposa is a yearlong program. I will make every effort to attend each weekend camp and/or a majority of the activities that will be held during the coming year.
  
- ✓ **Community Program:** I understand that the Mariposa Community Program is a 12-week program. I will make every effort to attend all sessions, including the opening and closing family sessions.

Parent/Guardian Signature:

Date(mm/dd/yy):

Youth Applicant Signature:

Date(mm/dd/yy):