



# **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 ☐ XLAdult Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XLHas 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 ☐ NoRace/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:

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## 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:

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

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Please list any hobbies/interests the youth applicant has:

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