



Sibling Connections Summer Leadership Program Application - 2014



GENERAL INFORMATION

Name: _____ Phone Number: _____

Address: _____

Email: _____

Current Grade in School: _____ School: _____

Date of Birth: _____ Age: _____

Name of Parent or Legal Guardian: _____

Contact Phone Number: _____

Is your camper a returning Youth Leadership or Camp to Belong MA camper? Yes No

If yes, when? _____

Agency information (if applicable)

Camper is from what agency: _____

Caseworker: _____ Supervisor: _____

Address: _____

Caseworker phone #: _____

Emergency contact #: _____

Living arrangement: *please help us understand the child's current living situation and if the child had lived in different placements/home during the past year.*

MEDICAL INFORMATION

Please provide a list of ALL medications that this camper will bring to camp. Please notify Camp To Belong MA of any medicine changes between the time of completing the registration form and the actual camp week. Please include a name and phone number of a person we can contact one week prior to camp in case of any follow up on medical questions.

Name: _____

Medicine	Dosage	Times Given	Purpose	Directions

Date of last tetanus shot: _____

Allergies (include medications, foods, animals): _____

Hearing impairments: (include needs) _____

Vision impairments: (include needs) _____

Sleep walking or other sleep disorders (please elaborate): _____

Muscular/skeletal challenges (include needs) : _____

Does this camper wet or soil the bed? _____

Please list any fears that we should be aware of at camp: _____

Health history (circle all that apply, giving last date of occurrence):

Asthma_____	Diabetes_____
Chronic Headaches_____	Fainting Spells_____
Reoccurring Ear Infections_____	Frequent Stomach Aches_____
Hypertension_____	Seizures_____
Chicken Pox_____	Obesity_____
Heart Disease_____	Aids/HIV positive____
Bleeding Disorder	Other

Please provide additional information if any of the above categories that have been checked:

List all operations and serious illnesses. Does the child require any medical treatment?

Describe any physical, mental, emotional or behavioral challenges that would prohibit participation in any camp activity.

Health Care Provider printed name: _____

Address_____ Phone: _____

***Please attach most recent physical form, which must include Doctor's signature.**

Insurance carrier and number **(Include a copy of the child's medical card)**

Insurance Carrier Name:

Policy #:

Emergency Contact Information

First contact: _____ Relationship: _____ Phone: _____

Second contact: _____ Relationship: _____ Phone: _____

Will this camper's Foster Parent(s), Adoptive Parent(s), Group home provider, Kinship Provider(s) or Birth Parent(s) (based on current placement of child) be at home and available during camp in the case of a medical/behavioral/psychological emergency?

Yes No

Will this camper's caseworker or care provider be at work and available during camp in the case of an emergency?

Yes No

If "no" and child is in agency custody, an agency duty worker will be contacted. If "no" and child is not in agency custody, please provide name and phone number of a contact person who is informed about the child's participation in camp and who will be available in the case of an emergency.

We make every effort to ensure that a child experiences the full week of camp believing that to be in the best interest of the child and the siblings. In the event that a child is no longer able to continue at camp, who will be responsible (24 hours per day) for pickup and transportation from Camp Taconic?

Name _____ Relationship to child _____

Phone; _____ Alternate phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

MEDICAL EMERGENCY: CONSENT TO TREAT AGREEMENT

In case of an emergency involving me or for my child, every effort will be made to contact the person/agency listed as the emergency contact. In the event that the emergency contact cannot be reached, permission is hereby given to Camp to Belong MA to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for me or for my child. Medical providers are authorized to disclose to Camp to Belong MA staff any Protected Health Information/Confidential Health Information provided for purposes of medical evaluation and treatment.

Authorized Signature _____ **Date** _____

Name of Signee: _____

SIGNATURES

Please identify the following signatures required for camper authorization by the agency or otherwise and obtain them in order for a registration to be accepted. Please also note that in some cases, a court order for participation in camp may be required.

Printed name of child's legal guardian

Signature of child's legal guardian

Date

If child is in agency custody, please complete the following

Printed name of caseworker

Signature of caseworker

Date

PAYMENT INFORMATION

Camper fees are due at the time of application submission unless discussed otherwise. If for any reason the camper does not attend camp and cancels after July 20, 2014 full payment will still be required.

Who is responsible for the payment?

Name of agency/organization/sponsor _____

Contact person: _____ Telephone: _____

Billing address: _____

QUESTIONS FOR THE YOUTH

What do you like to do in your free time? What do you do after-school, weekends, etc.?

What types of leadership opportunities have you had in the past? How did they go?

What do you hope to gain from this leadership opportunity?

Do you have personal experience being separated from your sibling(s) because of foster care or adoption? If yes, what has it been like for you to be separated from your sibling(s)?

Have you ever had a job? Yes No

If "yes" what was your job(s)? _____

How long were you employed? _____

Are you still employed? Yes No

If "no" why did you leave your job? _____

(If you have held more than one job you can attach another piece of paper.)

What are your strengths? If you were to ask someone what you are good at, what would they say?

What do you find challenging? What would you like to improve on or get better at?

What else should we know about you? What else would you like to share?

Youth Signature

Date

Your To-Do Checklist:

Is your complete your Sibling Connections Camp Application? Yes No

Did you complete your self-assessment form? Yes No

Did you have a reference form completed? Yes No

Did you schedule your interview? Yes No

Dear Interested Youth Leader,

Thank you for expressing interest in the **Sibling Connections Summer Leadership Program** for 2014. We are very excited that you are interested in joining us as part of "The Crew"! The week will be a mixture of fun and camp activities that you can enjoy with your fellow leadership campers, combined with counselor training and a CIT experience. You will not only have the opportunity to make new friends while enjoying a week of camp, but also be an important part of the team focused on helping brothers and sisters separated from foster care or adoption come together.

Here is what a typical camp day will look like. In morning you will spend time with other youth leaders playing fun games, getting to know each other and preparing for your group leadership opportunities. During the afternoon you will be assigned to a family group or specialty camp area where you will assist a Sibling Connections counselors in programming. Each evening you will gather back with other youth leaders for a fun and relaxed check-in. At night you will sleep in cabins with other youth leaders. There will be plenty of unique and fun opportunities for you to make friends and enjoy camp. As a group you will also be designing a special camp-wide activity that you as a leader will help facilitate!

This summer we have added a full-day orientation/meet-up date during the summer prior to camp for youth to begin getting acquainted with one another. The location and date have yet been determined. Please plan on attending if possible!

If you have questions about this opportunity, or are interested in learning more about what camp will be like, please contact:

Chris Langelier, Coordinator HEROES Leadership Project
413-527-7966 ext.3 or clangelier@refca.net

Once we receive your application we will contact you to schedule an interview and talk with you more about the program. All application materials should be returned to:

Kelley Lane, Sibling Connections Executive Director
PO Box 441952
Somerville, MA 02144-1955
Fax 206.203.3720
Telephone: 617.335.1292

Attached to this application are a self-assessment form, a reference form and a Sibling Connections camper packet. We understand that this is a lot of paperwork and we are both available to answer questions and help you through the process!

The Summer Leadership Program will begin at 9am on Sunday August 24th at Camp Taconic in Hinsdale Massachusetts. Youth leaders will need to arrange for transportation to camp so that they can arrive to begin training before other campers. If you need assistance in planning for transportation we are available to help. Youth leaders will depart camp with other campers and can ride on buses back to pre-determined drop-off locations throughout Massachusetts.

Sibling Connections Summer Leadership Program Reference Form - 2014

_____ has applied for the Sibling Connections Summer Leadership Program for 2014.

Name of Reference: _____ Date: _____

Please answer the following questions by circling: 1 (needs improvement), 2 (good), 3 (very good), 4 (excellent). Your candid assessment of his/her abilities in the following areas would be greatly appreciated. Please feel free to comment in the space provided or attach a separate sheet.

- | | | | | |
|-----------------------------|---|---|---|---|
| 1. Sense of Humor | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 2. Initiative | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 3. Dependability | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 4. Working with Peers | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 5. Follows as well as leads | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 6. Communication | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 7. Flexibility | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 8. Enthusiasm | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 9. Works well with children | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 10. Persistence | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |

How long and in what capacity have you known this applicant?

Please list any strengths or important information about the applicant that may not show through in an interview?

Signature

Date

Please include reference with your application packet.

Sibling Connections Summer Leadership Program 2014

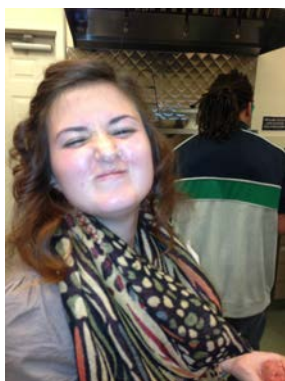
Staff Introductions



Chris Langelier, HEROES Leadership Project Coordinator

The HEROES Leadership Project is a program of the Treehouse Foundation that trains and empowers young people impacted by foster care and adoption as leaders in their communities. HEROES is very excited to partner with Sibling Connections to offer the **Summer Leadership Program!**

Chris has been a counselor with Sibling Connections since 2006 and has been working with youth in the outdoor adventure/camp world for over 15 years. He is very excited to be bringing his energy and passion to camp this summer to launch an amazing leadership experience for Sibling Connections youth. In his free time he loves to hike, camp and is an avid movie fan!

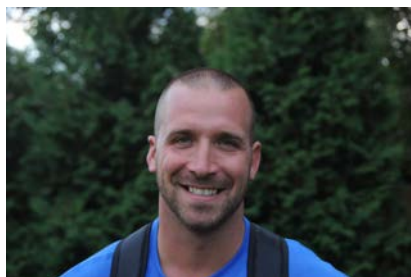


Katy Andres, HEROES Leadership Project Program Assistant

Katy will be a senior at Hampshire College this fall and has been working with the HEROES Leadership Project for more than one year. She is very excited and committed to youth leadership development and is eager to start her second summer at camp!

Katy has traveled to Central America, the Caribbean and Africa to help communities and children in need and is looking forward to the opportunity to pass on her passion for community service and engagement to young people. In her free time she loves to listen to music and travel!

We are also very excited to announce that our volunteer staff team will include **Bridget, Jason and Karl**. They are all veteran counselors with Sibling Connections and participated on the youth leadership team "The Crew" last year. Each of them brings their own passion for camp and many years of helping youth feel welcome, engaged and happy!



Sibling Connections

Summer Leadership Program Self-Assessment - 2014

Applicant Name: _____ Date: _____

Please rate yourself based on the following scale: 1 (need improvement), 2 (good), 3 (very good), 4 (excellent). Please answer honestly. This information is designed to help develop your leadership abilities and is not intended as a right or wrong evaluation.

- | | | | | |
|--|---|---|---|---|
| 1. How is your sense of humor? | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 2. How well to do take initiative? | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 3. How are you with dependability? | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 4. How well do you work with your peers? | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 5. How well do you follow the direction of others? | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 6. How well do you communicate? | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 7. How flexible are you? | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 8. How enthusiastic are you? | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 9. How well do you work with children? | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 10. How persistent are you? | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 11. How well do you respond to feedback? | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |
| 12. How would you describe your leadership skills? | 1 | 2 | 3 | 4 |
| Comments: _____ | | | | |

Please include self-assessment with your application packet.

Notes:

This section to be completed during interview.