

Partners In Adventure

Inclusive Camps, Social / Recreational Opportunities for people with disabilities and friends



2021 Camp Application for "Partners" and "Volunteers"

Name: _____ Applying as a: Partner ^(circle one) Volunteer

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Address: _____ Town: _____ Zip: _____

Name of Parent/Guardian Emergency Contact: _____

Cell: _____ work: _____ email: _____

Tell us why you want to be a part of Partners in Adventure! _____

Do you have any physical or communication challenges? Yes / No (if yes please complete the following)

Mobility:

Can walk independently _____
Uses assistive device for mobility _____
Uses a wheelchair _____
Level of assistance needed _____

Communication:

Mode of Communication _____
Hearing or Visual Impairments: _____

Tell us your experiences with the following: 1. Never done 2. Some experience 3. Experienced

Boating: _____ Biking: _____ Swimming: _____ Horse Back Riding: _____

Volunteers please skip to the other side.

Do you require an aide at school? Yes / No (If yes parent is responsible for providing an aide for camp)

General Behavior and Attitude:

Please enter the appropriate number to fill in the blanks

1. No problems 2. Sometimes Problems 3. Frequent Problems 4. Severe Problems

frustration _____ hostility _____ confusion _____ anxiety _____ temper _____ distractibility _____ impulsiveness _____

following directions _____ memory _____ spacial disorientation _____ cognitive ability _____ speech _____

PLEASE COMPLETE OTHER SIDE

Please identify any or all sessions (each session is 2 weeks you would like to volunteer or attend as a partner:

____ Session 1: June 21 through July 2, 2021

____ Session 2: July 5 through July 16, 2021

____ Session 3: July 19 through July 30, 2021

____ Session 4: August 2 through August 13, 2021

Please enclose a \$25.00 NON-Refundable Processing fee for each session. Processing fee will be deducted from your remaining balance.

1 session \$25 ____ , 2 sessions \$50 ____ , 3 sessions \$75 ____ , 4 sessions \$100 ____

Volunteers are required to submit a \$25.00 processing fee.

NO applications will be processed without processing fee.

Applications are processed on a first come first serve basis.

Scholarship Information:

A limited number of scholarships are available. Scholarships are limited to only one session per person.

Will your child need a full scholarship ____ Half Scholarship ____

I can contribute this much towards tuition _____

Tuition Assistance is also available through local service club organizations and the Vermont Family Network

To ensure a wonderful and successful program we will, when selecting applicants, take into consideration the uniqueness of each applicant. By doing so, we hope to realize a dynamic and diverse camp population. Your deposit will be returned to you if you are not selected.

Permission to photograph for purposes of publicity, promotion or otherwise: yes / no

Acknowledgement of application and permission:

Signature of Parent/Guardian:

Date

Please return promptly: Deposit ____ Application ____ Health Form Part 1 ____

Mail to: Partners In Adventure, Inc. PO Box 8190, Essex, Vt. 05451 For questions or concerns

contact Joan Martin, Executive Director 802-857-5180 jmartin@partnersinadventure.org

NO APPLICATIONS ACCEPTED BY E-MAIL