



Stevenson Children's Camp Leadership Program



Stevenson Children's Camp is pleased to announce that it will be **expanding its leadership program** available for boys and girls between the ages of 14 and 15. Twelve boys and twelve girls will be selected through recommendations and an interview process. Recommendations are to be forwarded by teachers or support workers that are familiar with the young person and the families' present situation.

The purpose of this program is to develop and enhance leadership skills, self-awareness and confidence in a positive manner. We will focus on many areas throughout the two weeks and participants will be involved in a variety of workshops, self-assessment, games, sports activities, activity planning and implementation.

Our mission is to provide camp experiences for children who would not otherwise have the opportunity. Our leadership program is an extension of this goal and is available to families who are experiencing financial hardship and can benefit from this opportunity.

General Information

- There have been some changes in the format of our program this year—there will be three sessions, two weeks in duration
- **Each session will accept 4 males and 4 females**
 - Session one is July 13-17 and July 20-24
 - Session two is July 27-31 and August 3-7
 - Session three is August 10-14 and 17-21
- Participants will attend camp for **both weeks** with the weekend off
- Applicants must complete attached application and questionnaire
- Two letters of reference are required—they should refer to leadership experiences in the school and community
- There will be an interview process conducted by senior camp staff and community partners from referring agencies

If applicant is accepted, they will be required to complete a full application form and there will be a registration fee of \$150.00, however this can be paid in installments if necessary.

Please DO NOT submit money with application.

*For more information please contact:
Joe Douglas, Executive Director
519-268-7235*

**Mail applications to:
P.O. Box 39020
London, ON
N5Y 5L1**

Name of Applicant _____ ☐ Male ☐ Female

Date of Birth _____ Age as of June 30th, 2020 _____

Name of School Applicant attends _____

Parent/Guardian's Name _____

Address _____

City _____ Postal Code _____

Telephone # Home _____ Work _____

In case of an **emergency**, or if for any other reason your child must be sent home and you cannot be reached, please provide an emergency contact who has your permission and will accept responsibility for your child.

Emergency Contact names: _____

Relationship: _____

Phone: home _____ Cell _____ Work: _____

***Please indicate whether you grant permission for your child to be included. Yes ☐ No ☐

Agency/School Name _____

Address _____

City _____ Postal Code _____

Telephone # _____ Date _____

Contact Name _____ Position _____

Reason for referral of this applicant:

Signature _____

Part 3: Medical and additional information**LIT Application Form** Page 2

Camper—Name: _____ Health Card #: _____

Family Doctor: _____ Telephone: _____

Does your child have any medical history which we should be aware of (asthma, diabetes, heart problems, etc.)? If so, please describe: _____

Are you sending any medication with your child to camp? ☐ Yes ☐ No (if yes, please list full details below)

Any medication (prescribed or over the counter) must be checked in with our Health Care Coordinator at registration in a current prescription container with a proper pharmaceutical label.

Drug Name	Purpose	Daily Dosage and Times Administered

Does your child have any food, environmental or medical allergies?

Description: _____

Applicants sleeping habits: Bedwetting _____ Sleep walks _____ Nightmares _____

Applicants swimming level: Non-Swimmer _____ Beginner _____ Average _____

Please provide details regarding any information or challenges that may affect your child's camp experience _____

What language(s) does your child speak: _____

In order for Stevenson Children's Camp to provide the camp experience for the maximum number of children each summer, campers can attend ONLY one session. Please indicate 1st and 2nd choices.

	Session 1		Session 2		Session 3
	July 13- July 17		July 27- July 31		August 10- August 14
	July 20- July 24		August 3- August 7		August 17-August 21

Parent/Guardian Signature: _____ Date: _____

YOU WILL BE CONTACTED BY CAMP STAFF FOR AN INTERVIEW

\$150.00 per two-week session. FEE SHOULD NOT ACCOMPANY THIS APPLICATION FORM

There are no other charges to attend camp. If you are unable to pay at the time of registration, please attach a note or contact the Camp to arrange for payment.

**In order to protect the confidentiality and safety of all campers and staff
—please do not send cell phones or digital cameras to camp.**

**Registrations to be forwarded to:
(ACCEPTED BY MAIL ONLY)**

**Stevenson Children's Camp
P.O. Box 39020 London, ON, N5Y 5L1**

To be completed by candidate

Have you previously attended Stevenson Children's Camp? ☐ YES ☐ NO

If yes, what year or years did you attend? _____

What was your most positive memory of camp?

Why do you want to be a participant in the leadership program?

What strengths and skills do you have that will assist you in this program?

What do you think participating in the camp leadership initiative can offer you?

What do you hope to learn through taking part in this program?
