

Office Use Only

Date Received in office ____/____/____ Fully Completed _____

Signed by Parent/Guardian _____ Letter of Recommendation _____

Accepted Yes _____ No _____ Prior Participant? Yes _____ No _____

of retreats attended to date: _____



June 20 - 26, 2010

PARTICIPANT APPLICATION

Please print information. Thank you!

Participant's Name:	
Participant's Age (at the time of the retreat):	
Submitted By:	
Relationship to Participant:	
Sponsoring Organization:	
Phone:	
Email:	

Application Checklist

- Completed and signed application
- Letter of Recommendation from a Professional
- \$75 Application Fee (remainder \$600 due upon acceptance)
- Current facial photo (School photo is acceptable)

Return before April 10, 2010 to:

Angel Faces®
P.O. Box 235538
Encinitas, California 92023-5538
OR email to: lesia@angelfacesretreat.org

Retreat Location

Glen Ivy Retreat Center
Corona, California
<http://www.glenivy.org/directions.php>



June 20 - 26, 2010
PARTICIPANT APPLICATION

Part One: Parent/Guardian to complete.

Participant Information					
Participant's Name:		Participant's Date of Birth:			
Participant's Cell Phone:		Participant's Age during the retreat:			
Participant lives with:		Participant's Email Address:			
Parent/Guardian Information					
Name of Parent/Guardian:		Home Phone Number:			
2 nd Phone Number		Parent/Guardian Email Address			
Home Address					
City		State		Zip	
Name of your Employer:		Position/Title:			
Employer's Address:		Employer's Phone Number:			
Name of your spouse's Employer:		Position/Title:			
Employer's Address:		Employer's Phone Number:			
Emergency Contact Information					
Name of Emergency Contact:		Relationship:			
Home Phone Number:		Cell Phone:			
Participant's Health/Mental Status					
Medications			Dose		
1.					
2.					
3.					
4.					
Allergies:					
Is your child in bandages? Where? If so, please explain/describe.	<input type="checkbox"/> No <input type="checkbox"/> Yes:				

Is your child wearing pressure garments or splints?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how recent:	
		Wearing schedule:	
Does your child have hearing or vision problems? Please explain.			
Has your child received any psychological counseling? If so, when?			
Therapist name and contact information.			
Has your child attended any support groups or camps?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Burn Camp	Location	Date	
Other Specialty Camps:			
Who referred you to Angel Faces®?			
How does your child handle their facial difference socially?			
If your child has a burn injury or suffered a trauma, please complete the following questions 1-9. If your child has a birth defect or is a cancer patient, please go to the next section.			
1. Please explain how your child was injured? Was the injury a result from abuse?			
2. What was the date of injury? (month/day/year)			
3. How old was your child when she was injured?			
4. What hospital was your child treated at?			
5. Treating physician and phone number:			
6. Did your child receive reconstructive surgery? If so, when was the most recent?			
7. What percentage of your child's body was burned? What areas of her body were affected by the trauma?			
8. How did your child handle the injury and treatment emotionally?			
9. Is there currently legal action pending regarding this injury, trauma, or abuse? Are there any depositions pending? Please explain if necessary.			
If your child has a birth defect, or is a cancer patient, please complete the following questions 1-6.			
1. Please explain the birth defect or type of cancer:			

2. Is your child currently undergoing treatment? If yes, describe the procedure/treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. What facility is/was you child treated in?			
4. Treating physician and phone number:			
5. Did your child receive reconstructive surgery? If so, when was the most recent?			
6. Any other information you would like to share?			
Signature of Parent/Guardian:		Date:	
Signature of Witness:		Date:	



Part Two: The participant ONLY must complete the following questions.

In order for us to give you an awesome experience at Angel Faces® – we need to know about you! Please take the time to sit quietly and share with us “who you really are”. Your answers are confidential. So let go, let loose and write away!

1. Why do you want to come to Angel Faces®?

Blank lines for answer

2. After looking at the Angel Faces® brochure and website, which topics interest you most?

Blank lines for answer

3. What do you find to be the hardest part living with your facial difference? Please Check as many as apply:

<input type="checkbox"/> Questions	<input type="checkbox"/> Family	<input type="checkbox"/> Making Conversations	<input type="checkbox"/> Other:
<input type="checkbox"/> Teasing	<input type="checkbox"/> Talking to Boys	<input type="checkbox"/> Socializing	
<input type="checkbox"/> Stares	<input type="checkbox"/> Dating (or lack of)	<input type="checkbox"/> Make-up	

Choose one ore more of your answers (from above) and give an example:

Blank lines for example

4. How do you spend your free time? Hobbies? Interests? Sports?

Blank lines for answer

5. Describe your school experience, both the positive and the negative.

Positive:

Blank lines for positive school experience

Negative:

Blank lines for negative school experience

6. Describe yourself.

I'm funny when...:

Blank lines for funny when

I'm a good friend because...:

Blank lines for good friend because

When I get angry I...:

Blank lines for when I get angry

I'm most happy when...:

Blank lines for most happy when

<i>I think I'm good at...:</i>		
<i>I get sad when...:</i>		
<i>Things that scare me the most are...:</i>		
<i>I'm not good at...:</i>		
<i>I hate it when...:</i>		
7. How would you describe your ability to meet new people?		
<i>a. I make friends easily because...:</i>		
<i>b. I avoid social situation when: (check all that apply)</i>		
<input type="checkbox"/> <i>There will be new people around</i>	<input type="checkbox"/> <i>When children are around</i>	<input type="checkbox"/> <i>Other:</i>
<input type="checkbox"/> <i>When boys are present</i>	<input type="checkbox"/> <i>If I need to change clothes (gym or swim class, sleep-overs, etc...)</i>	
8. Family and home life:		
<i>Who do you live with?</i>		
<i>Do you share a bedroom? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, with whom?</i>		
<i>Do you live sometimes in different places?</i>		
9. If you had one wish, what would it be?		
10. What is your biggest concern for your future?		
11. I wish I was better at:		
12. Who do you admire most? Why?		
13. What do you want to be when you grow up?		

Additional Comments: Use this space for other information you would like to share.



Consent Form

(To be read and signed by parent/legal guardian and participant)

Dear Parents/Guardian,

The continued success of Angel Faces® relies heavily upon the ability to sustain funding. In order to continue and expand the program, maintain and seek new supporters, we must share our vision in a variety of ways. This includes but is not limited to; video presentations slide shows, newspaper or magazine articles, descriptive brochures, television or radio programs, and photographs.

You are not required to give permission for publicity release. We do, however request that you sign for permission to involve your child in publicity opportunities should the occasion present itself during the retreat or while representing Angel Faces®. We strongly encourage you to have a discussion with your daughter regarding this agreement and her feelings about being photographed. We will only consider the agreement valid if the participant has signed as well as the parent/guardian. Angel Faces® facilitators will monitor media and printed materials to the best of our ability to encourage appropriate representation of the retreat participants.

Angel Faces® is known for its harmonious, tranquil and healing environment. We reserve the right to send home immediately any participant from the retreat that is troublesome, violent, threatening or disruptive to the program, other participants, volunteers or the facility. The travel home will be at the expense of the parent/guardian. This includes a zero tolerance policy for smoking, alcohol, and non prescription drugs.

This consent form is valid from the date signed through December 31, 2010.

Sincerely,
Angel Faces® Facilitators

I hereby give permission for my child to be videotaped, photographed, or recorded for use in publicity as described in the above paragraph.			
Signature of Parent/Legal Guardian:		Date:	
Guardian's Name Printed:		Signature of Participant:	



Consent Form

(To be read and signed by parent/legal guardian and participant)

By signing this form the parent/guardian affirms having read it

- 1. Medical Services: I hereby give permission to Angel Faces® to follow routine treatment or to select qualified personnel to care for my child as directed by written instruction from the child’s doctor or caregiver.
- 2. General Services: I hereby give permission to the Angel Faces® facilitators or someone directed by him/her, to provide my child with emergency medical services, transportation, housing, and meals associated with my child’s registration as a participant. Additionally, I hereby agree that in the event that services or medical treatment is needed other than provided at the workshop, I accept full and complete responsibility.
- 3. Personal Property: I understand that the Angel Faces® facilitators will make reasonable efforts to assist the participants in caring for their personal belongings. I hereby agree that Angel Faces® will not be held responsible for the participant’s lost or damaged personal property.
- 4. Risk of Serious Injury: I hereby understand that some activities may take place away from the workshop location and release all places/resorts that Angel Faces® attends from any and all liabilities due to serious injury, including paralysis and death due to participation at these locations. I voluntarily and knowingly acknowledge, accept and assume the risk, except that which is result of gross negligence or wanton willful misconduct.
- 5. Authorization of Treatment In the Absence of Parent/Guardian: I, the parent or guardian of this participant, authorize Angel Faces® the to act on my behalf in case my child is a victim of accident, injury or illness when immediate medical or surgical care is needed, provided that Angel Faces® makes a diligent effort to notify me first and obtain my preference and consent.

Signature of Parent/Legal Guardian:		Date:	
Guardian’s Name Printed:		Signature of Participant:	