

PLEASE PRINT LEGIBLY.
PAGES 1-3 MUST BE
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SPACE.



ALL SESSIONS
ARE ADULTS
ONLY.

Summer Camp at Civitan
CAMP APPLICATION 2021 SEASON

5145 E. Virginia Beach Blvd, Norfolk, VA 23502

Email: summercamp@egglestonservices.org

Phone: 757-858-8011

Applicant's Name: _____ ()
Last First Preferred Name Telephone

Address: _____
Street Address City State Zip

Date of Birth: _____ **Age During 2021 Camp:** _____ **Sex:** Male Female

Email: _____

PLEASE CHECK THE DESIRED VACATION SESSION(S):

- | | | | | |
|--------------------------|-----------|-----------|------------------------------------|---------|
| <input type="checkbox"/> | Session 1 | (6/23/21) | CREATIVE ARTS (Virtual Only) | \$30.00 |
| <input type="checkbox"/> | Session 2 | (6/30/21) | GOURMET DAY (Virtual Only) | \$30.00 |
| <input type="checkbox"/> | Session 3 | (7/14/21) | MOVIN' AND GROOVIN' (Virtual Only) | \$30.00 |
| <input type="checkbox"/> | Session 4 | (7/21/21) | MAD SCIENTIST (Virtual Only) | \$30.00 |
| <input type="checkbox"/> | Session 5 | (7/28/21) | FUN IN THE SUN (Virtual Only) | \$30.00 |
| <input type="checkbox"/> | Session 6 | (8/14/21) | ANIMAL ADVENTURES (Virtual Only) | \$30.00 |

Is Applicant own guardian? YES NO **If No, Guardian/Authorized Representative:**

Name Relationship Telephone ()

Address: _____
Street Address City State Zip

Email: _____

Does the applicant have a Support Coordinator? YES NO

If Yes, please provide contact information:

Name Agency

Address: _____
Street Address City State Zip

Email: _____

Office Phone: () _____ **Mobile Phone:** () _____

No applicant will be discriminated against because of race, age, sex, color, national origin, religion or disability.

NATURE OF DISABILITY: ***All sections must be completed. Please remember that the more information provided will allow for a more enjoyable experience for the vacationer!***

Primary Disability: _____ **Secondary Disability:** _____

Intellectual Disability: YES NO - Mild Moderate Severe Profound

Autistic: YES NO **HIV Positive:** YES NO

Allergies: YES NO Type: _____

Hepatitis Carrier: A B If yes, are they at a contagious stage? YES NO

Seizures: Yes No Is medication used for seizures? Yes No

Type of Seizures: _____ Frequency: _____ Date of last seizure: _____

Describe any warning or aura before seizure: _____

Please provide any additional information for seizure or diabetic protocols: _____

Mobility: Ambulatory (No assistance required) *(NOTE: Failure to appropriately disclose mobility may result in inability to accommodate camper during session.)*

Walker Crutches Cane

Wheelchair (manual): Can applicant push self? YES NO

Wheelchair (electric)

About how far can applicant walk/wheel self? _____

Be sure to bring mobility devices with you!

Transfers: Is assistance needed transferring to **Vehicle:** Yes No **Toilet:** Yes No **Shower:** Yes No

Assistive Devices: None Oxygen Prosthesis Braces Dentures
 Helmet Glasses Hearing Aid Other _____

Be sure to bring assistive devices with you!

Communication: Difficulty expressing thoughts or wants/needs? YES NO

Do they use the following devices? Communication Board Facilitated Communication

Sign language System of gestures (please describe): _____

Eating: No assisting Partial assist Total assists

Special/provided utensils (**bring with you!**) Please list utensils _____

Diet: Regular (No restrictions)

Chopped food Blended/Pureed Low Calorie Low Salt

Diabetic (if yes, total # of calories per day _____) Special diet

Food allergies: (list): _____

Bowel Bladder Control: Always in control Sometimes Needs reminding
 Needs assistance Toileting Wets Bed
 On a schedule: if yes, please describe _____
 Incontinent (Uncontrolled urination/bowel movement) Yes No
Wears Depends or special undergarments? Day Night ****Please Provide Undergarments****

As a government contractor, we are required to periodically provide reports on the sex, race, ethnicity, disability, or veteran status of our employees or program participants. The below data is used for analysis only. Your cooperation is voluntary and appreciated.

Referral Source: Advertisement Friend Relative Agency Current Employee
 Other (Please specify): _____

Ethnic Group/Race: (Please select one only.)

- White
- Black or African American
- American Indian & Alaskan natives
- Asian (Includes Asian Indian, Chinese, Filipino,
- Native Hawaiian, Guamanian, Chamorro, Japanese, Korean, Vietnamese, Other Asian) Samoan and Other Pacific Islander
- Spanish/Hispanic/Latino (OF ANY RACE) (Includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture)
- Two or more races
- Other: _____

Veteran Status: Not Applicable Vietnam Era Veteran Other Veteran

ACKNOWLEDGEMENTS:

Signature: _____

Date: _____

Printed Name of Signer: _____