



A WOMAN'S PLACE (AWP) Peace Works Camp

Summer 2018 Advocate-in-Training (AIT) Application

For students in grades 7-9



AIT Info:

First & Last Name: _____ Birthday: ____/____/____ Grade: ____

School: _____ T-shirt size (circle one): Kids **OR** Adult S M L XL

Street Address: _____ City: _____ State: ____ Zip: _____

Phone Number: _____ E-mail address: _____

How did you hear about the program? _____

Parent/Guardian Info:

First & Last Name: _____

Cell Phone: _____ Home Phone: _____

Does your parent/guardian work or volunteer for AWP? _____

To the parent/guardian of each AIT:

Please read each section below, and sign only the sections with which you agree.

Release of Liability:

I acknowledge that there may be natural hazards associated with camp-related activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing camp activities. I hereby release and forever discharge the staff, volunteers, and supporters of Peace Works Camp from all claim of liability for any damages, injuries, or medical fees that may be sustained while my child is at camp.

Parent/Guardian Signature

Photo Release:

I hereby give my permission for my child to be photographed at Peace Works Camp, and for my child's picture to be used on AWP's website, publications, or video programs.

Parent/Guardian Signature

Release of AIT:

Unless ordered by a court to do otherwise, all AITs will be released at the end of each day to their parent/guardian **OR** one of the individuals listed below. **NO EXCEPTIONS. Parents MUST supply AWP with a copy of EACH individual's photo ID prior to Day One of Camp, and photo ID must be provided at time of pick-up.** In addition to the parent/guardian listed on page one, _____ may be released to the following individual(s):

First & Last Name of Camper

Name: _____ Telephone #: (_____) _____

Name: _____ Telephone #: (_____) _____

Parent/Guardian Signature

GENERAL INFO:

Have you completed the AWP Teen Volunteer Training (4 hours)?

☐ Yes ☐ No ☐ Not Sure

*If "No" or "Not Sure", please contact Lark Irwin , Volunteer Manager (lirwin@awomansplace.org or 215-343-9241) to schedule your training. **You must complete this training before camp.**

TELL US ABOUT YOURSELF!

Extracurricular Activities: Please list any sports, clubs or hobbies you participate in.

List any summer camps you have attended or worked for (please include a reference if possible).

Describe any jobs, personal experiences, or volunteer opportunities that you think will help you be an effective AIT.

Why do you want to be a AIT? What kind of experience do you hope to gain from being an AIT?

OTHER INFORMATION:

Which week you are able to work (8:45 a.m.-3 p.m. each day): ☐ Jul. 30- Aug. 3 OR ☐ Aug. 6-10

Please choose ONE week. If you would like to work for both weeks, you will be placed on a waitlist for your second choice. If you have chosen both weeks, please specify your top choice. _____

Print Name _____ Signature _____ Date _____

Applications must be submitted by **Monday, July 16, 2018**. Mail, email, or fax to:

A Woman's Place

Attn: Jen Hinds (jhinds@awomansplace.org)

P.O. Box 299

Doylestown, PA 18901

Phone: 215-343-9241 ext. 117

Fax: 215-343-3411

Registration will be reviewed on a rolling basis as spots are limited. Submitting an application does not guarantee a spot as an AIT.