



A WOMAN'S PLACE (AWP) Peace Works Camp Lower Bucks!



Summer 2020 Advocate-in-Training (AIT) Application
For students in grades 7-9
June 22-26, 2020

AIT Info:

First & Last Name: _____ Birthday: ___/___/___

Grade (Fall 2020): _____

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: _____ Email: _____

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

TELL US ABOUT YOURSELF!

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

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?

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 AIT

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

Parent/Guardian Signature

AIT Code of Conduct

I understand that as an AIT, I am a volunteer, a leader and a role model. I will treat all AWP staff, volunteers and campers with respect. My role as an AIT is to aid in the learning of the campers, help staff with daily activities, and make sure all campers feel included, are safe, and have fun.

AIT Print Name _____ Signature _____ Date _____

Applications must be submitted by **Monday, June 8, 2020**. Mail, email, or fax to:

A Woman's Place
Attn: Rachele Daniels (Rdaniels@awomansplace.org)
P.O. Box 299
Doylestown, PA 18901
Phone: 215-343-9241 ext. 114
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.

