Hello Parents and Buddy Guides!

The plans for the 2012 STARS summer camps have been finalized, so now it’s time to find a few good buddy guides to join our 2012 summer camp team. Enclosed you will find a comprehensive STARS Summer Buddy Guide Application that includes details about the available camp dates and other pertinent information.

Please fill out the application in its entirety and mail it back to: STARS Department, 739 W Peachtree Street, NW, Atlanta, GA, 30308. All applications must be received by no later than Thursday, May 31st in order for your student to be considered for a buddy guide position.

In case you are unfamiliar with the buddy guide program, or simply need a refresher on what it entails, please read the information below:

1. WHAT DO BUDDY GUIDES DO?

   The buddy guides are assistants to the blind and visually impaired students as well as participants during an activity. They act as guides, and provide a general orientation to the surroundings. Buddy guides are a very special part of the STARS Program.

2. HOW DO BUDDY GUIDES LEARN WHAT TO DO?

   A training session will be provided at CVI on a date later determined. Buddy guides will learn basic sighted guide techniques and receive other instructions for helping visually impaired students. Also, there will be adult volunteers and teachers available at all times to assist buddy guides in special circumstances.

3. HOW DO I GET MORE INFORMATION?

   Contact: Teri Quinn, STARS Director or Lara Tillery, STARS Assistant Center for the Visually Impaired 739 West Peachtree Street, NW Atlanta, GA 30308 (404) 875-9011 (404) 607-0062 FAX
2012 Summer Buddy Guide Application

Youth Buddy Guide Summer Volunteer Program

Student’s Information

Name of student: ____________________________________________________ (Male/Female)

Date of birth: _______ Grade level: ___ School: __________________________

Address: ___________________________ City: _______ State: ___ Zip: ______

Parent/Guardian Information

Mother's Name: ___________________ Home#_________________ Cell#____________

Father's Name: ___________________ Home #_________________ Cell#____________

Address: ___________________________ City: _______ State: ___ Zip: ______

Email Address: ____________________________ @ _______________________

Emergency Contact Information

Please provide an emergency contact, other than the parent or guardian, who will be available to pick up your child if you are not available.

Name _____________________________ Relationship to Student ______________________

Home#: ___________________________ Cell#: ____________________________

Summer Camp Attendance

(Please select which camp(s) the student will participate in as a buddy guide.)

_____ Elementary School Camp (June 11 - June 22)

_____ Middle/High School Camp (June 25 – July 6)
### Student’s Medical Information

(All information in this section must be fully completed or application will not be considered for acceptance.)

Please list any allergies or physical problems of which we must be aware.

____________________________________________________________
____________________________________________________________
____________________________________________________________

**Allergies:** (circle all that apply)

- Hay Fever
- Penicillin
- Insect Bites
- Asthma
- Food
- Other (please explain): _______________________________________

**Medications:** Does the student take any medication(s)?  

- Yes  
- No

If yes, please provide information below:

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In the event of a medical emergency, I give permission for my child to be treated.

________________________________________  __________________________
Parent/Guardian Signature  Date

Name of Physician/Provider________________________  Phone #:________________

Name of Insurance Company________________________  Policy#:________________
Please carefully read the information below and initial to indicate your understanding and agreement to each section.

1. OPERATING HOURS/ELIGIBILITY

   STARS summer camp will run from 8:30 a.m. to 4:00 p.m. Monday through Friday. *Buddy guides may be dropped off as early as 8:00 a.m. **All buddy guides must be picked up by 5:00 p.m.

   INITIALS ________

2. LUNCH AND SNACKS

   Buddy guides are required to bring their own fully prepared packed lunch each day. Please clearly label all lunch boxes, bags, and containers. Because lunch will sometimes take place at a different location, please try to prepare lunches that do not require being heated up.

   Snacks will be provided by the program, but students are also permitted to bring their own snacks from home.

   ** (Participants are not allowed to bring glass bottled drinks to camp.)

   INITIALS: ________

3. FIELD TRIPS / ACTIVITIES

   My child has permission to participate in any and all field trips and activities. I understand that I assume full responsibility for my child. In event of any injury, I give permission for STARS to seek proper medical attention at the nearest medical facility. I release any liability to STARS. I understand I will be notified accordingly.

   Parent’s Signature _________________________ Date___________________
4. PHOTOGRAPHY RELEASE

I give permission for photographs to be taken of ____________________, (Name of Student) as a participant in the STARS Buddy Guide Program, to be used by the Center for the Visually Impaired in promoting and publicizing this program and/or its other activities, and for legitimate purposes.

Parent’s Signature ___________________ Date__________________

4. DRESS CODE / UNIFORM

Buddy guides must dress by wearing modest apparel as per the STARS summer camp dress code. Participants are not to wear short-shorts, miniskirts, muscle shirts or spaghetti straps (chest and back should be covered). Girls may need to wear a t-shirt over their swimsuit when swimming on field trips.

INITIALS________

5. APPLICATION DEADLINE

Please return this application NO LATER THAN Thursday, May 31, 2012. There is limited space availability for buddy guides, so applications are accepted on a first-come, first-serve basis.

INITIALS __________

I HAVE READ, INITIALED, AND FULLY UNDERSTAND THE GUIDELINES SPECIFIED ON THIS FORM.

SIGNATURE: ___________________________ Date: ____________________

(Parent/Guardian)