



Hello Parents and Buddy Guides!

Enclosed you will find a comprehensive STARS Summer Buddy Guide Application that includes details about the available camp dates and other pertinent information. Summer Program will run June 3-June 28 (Monday-Friday 9:00 a.m.-3:00 p.m.).

Please fill out the application in its entirety and mail it back to: **Center for the Visually Impaired, STARS Program, 739 W Peachtree Street, NW, Atlanta, GA, 30308 or sball@cviga.org**. All applications must be received by no later than Friday, May 3rd, in order for students to be considered for a buddy guide position. (****PLEASE NOTE THAT YOUR CHILD MUST BE AVAILABLE TO ASSIST WITH MINIMUM OF ONE FULL WEEK OF PROGRAMMING AND PARTICIPATE IN ALL ACTIVITIES THAT ARE OCCURRING DURING THAT WEEK INCLUDING SWIMMING**)

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. **Who's eligible to be a buddy guide, and what do they do?**

Students ages 12-18 are eligible to be summer buddy guides. Buddy guides serve as sighted guides and assistants to the blind and visually impaired youth during daily programming activities. Buddy guides are expected to be highly motivated and to serve as positive role models for STARS participants.

2. **How do buddy guides learn what to do?**

Buddy guides who are accepted into summer programming will be given a training session (Date TBD). During this session you will receive your full schedule for the week you are assisting, receive training in sighted guide and go over rules and regulations. 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 during camps to assist buddy guides in special circumstances.

3. **How do I get more information?**

Contact: Shelby Ball, STARS Lead Instructor
Center for the Visually Impaired
739 West Peachtree Street, NW
Atlanta, GA 30308
(404) 602-4336, sball@cviga.org



2019 Summer Buddy Guide Application

Youth Buddy Guide Summer Volunteer Program

****Pages 3-6 are to be completed by a parent or guardian****

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 the volunteer if the parent is not available.

Name _____ **Relationship to Student** _____
Home#: _____ **Cell#:** _____

Summer Program Attendance

Please select which week(s) the student would like to participate in as a buddy guide.

(PLEASE NOTE THAT YOUR CHILD MUST BE AVAILABLE TO ASSIST WITH MINIMUM ONE FULL WEEK OF PROGRAMMING AND PARTICIPATE IN ALL ACTIVITIES THAT ARE OCCURRING DURING THAT WEEK)**

_____ **Week 1 – STARS & the Arts (June 3-7)** _____ **Week 3 – Sports & Recreation (June 17-21)**
 _____ **Week 2 – STARS & the Arts (June 10-14)** _____ **Week 4 – ECC Week (June 24-28)**



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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:

Drug Name	Dose	Time Given	Reason	Child takes independently?

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#:_____



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Please carefully read the information below and initial to indicate your understanding and agreement to each section.

1. OPERATING HOURS/ELIGIBILITY

STARS summer program will run from 9:00 a.m. to 3:00 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 3:30 p.m. Parents must sign out students at the end of the day.**

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 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.

** (Please do not bring glass bottled drinks.)

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 the 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 _____



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4. PHOTOGRAPHY AND MEDIA 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

Buddy guides must dress by wearing modest apparel as per the STARS summer program dress code. Participants that wear short-shorts, miniskirts, muscle shirts, spaghetti straps or revealing swimwear will be asked to wear a t-shirt over their clothing (chest and back should be covered).

INITIALS _____

5. APPLICATION DEADLINE

Please return this application NO LATER THAN Friday, April 27, 2017. There is limited space availability for buddy guides, so applications are accepted on a first-come, first-serve basis, and selections will be made at the discretion of the STARS director.

INITIALS _____

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

SIGNATURE: _____ **Date:** _____
(Parent/Guardian)