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 OCCURING 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
Thank you for your interest in the STARS Summer Buddy Guide program. During STARS summer program, it is our goal to provide a fun and rewarding experience for our students and volunteers. During the past few years, our Buddy Guide program has become increasingly popular and spaces are extremely limited. In 300 words or less, please explain why you would like to be a STARS buddy guide, and what you hope to gain from this experience.

(You may attach a separate sheet if necessary.)
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)
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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<th>Drug Name</th>
<th>Dose</th>
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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 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: ___________________**
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)