Hello Parents and Junior Leaders!

Enclosed you will find a comprehensive STARS Summer Junior Leader Application that includes details about the available camp dates and other pertinent information. Summer Program will run June 1 – 5, June 8 – 12, June 29 – July 2, and July 6 – 10 (9:00 a.m.-3:00 p.m). There will be NO camp on Friday, July 3rd.

Please fill out the application in its entirety and mail it back to the: STARS Program, 739 W Peachtree Street, NW, Atlanta, GA, 30308, email it to sball@cviga.org, or fax it to (404) 602-4336. All applications must be received by no later than Wednesday, April 22nd, in order for students to be considered for a STARS Junior Leader 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)**

1. **Who’s eligible to be a Junior Leader, and what do they do?**

   Students rising 9th – 12th grades are eligible to be summer junior leaders. Junior Leaders serve as sighted guides and assistants to the blind and visually impaired youth during daily programming activities. Junior Leaders are expected to be highly motivated and to serve as positive role models for STARS participants.

2. **How do junior leaders learn what to do?**

   Junior Leaders will be required to attend a mandatory training session on May 29, 2020 from 10:00 A.M. – 4:00 P.M. 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. Junior Leaders 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 junior leaders in special circumstances.

   Each junior leader will be required to have one parent/guardian in attendance on May 29 2020 for a **MANDATORY** parent session from 10:00 A.M.– 11:30 A.M.
3. How do I get more information?

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

Applicant Name:_____________________________________________

**Summer Program Attendance**

Please select which week(s) you would like to participate in as a junior leader.

(***PLEASE NOTE THAT YOU MUST BE AVAILABLE TO ASSIST WITH MINIMUM ONE FULL WEEK OF PROGRAMMING AND PARTICIPATE IN ALL ACTIVITIES THAT ARE OCCURRING DURING THAT WEEK). If you would like to apply for more than one week, please number your selected weeks in order preference.

_____Week 1 – Middle/High School Camp (June 1-5)

_____Week 2 – Middle/High School Camp (June 8-12)

_____Week 3 – Elementary School Camp (June 29-July 2)

_____Week 4 – Elementary School Camp (July 6-10)
**This section is to be completed by the prospective junior leader applicant**

Thank you for your interest in the STARS Summer Junior Leader program. During STARS summer program, it is our goal to provide a fun and rewarding experience for our students and volunteers. We will be choosing 3 Junior Leaders for each week of programming; in 250 - 300 words, please explain why you would like to be a STARS junior leader, and what you hope to gain from this experience.

(You may attach a separate sheet if necessary.)

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2020 Summer Junior Leader Application

STARS Junior Leader Summer Volunteer Program

**Pages 4-7 are to be completed by a parent or guardian**

Student’s Information

Name of student: _______________________________ (Male/Female)

Date of birth: ___________ Grade level (2020-2021 school year): ___________

School: ____________________________________________

Address: _____________________ City: ___________ State: ___ Zip: __________

Student Email (if applicable): _______________________________________

Parent/Guardian Information

Mother's Name: ________________ Home#______________ Cell#______________

Father's Name: ________________ Home #______________ Cell#______________

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. An emergency contact is required for ALL junior leaders, even if the volunteer will be transporting himself/herself to camp.

Name _______________________ Relationship to Student ___________________

Home#: _______________________ Cell#: _______________________

____ I give my child permission to drive to/from the STARS Summer Enrichment program each day.

____ I give my child permission to ride the MARTA bus/train to/from the STARS Summer Enrichment program each day.
**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>
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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#:________________
2020 Summer Junior Leader Application

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.
   *Junior leaders may be dropped off as early as 8:00 a.m.
   **All junior leaders must be picked up by 3:30 p.m. Parents must sign out students at the end of the day, unless it is noted on page 4 that the student may transport himself/herself.

INITIALS ______

2. LUNCH AND SNACKS
   Junior leaders 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__________________
2020 Summer Junior Leader Application

4. PHOTOGRAPHY AND MEDIA RELEASE

I give permission for photographs to be taken of ____________________,
(Name of Student)
as a participant in the STARS Junior Leader 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

Junior leaders 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 Wednesday, April 22, 2020. There is limited space availability for junior leaders, so applications are accepted on a first-come, first-serve basis, and selections will be made at the discretion of the STARS program manager. You will be notified of a decision by Friday, May 1, 2020.

INITIALS_________

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

SIGNATURE: __________________________ Date: ______________
(Parent/Guardian)