Hello Parents and Buddies!

Enclosed you will find a comprehensive STARS Summer Buddy 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 or sball@cviga.org. All applications must be received by no later than Friday, April 24th, in order for students to be considered for a buddy 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**)

1. Who’s eligible to be a buddy, and what do they do?

   Students ages 10-13 are eligible to be summer buddies. Buddies serve as sighted guides and companions to the blind and visually impaired youth during daily programming activities. Buddies are expected to be highly motivated and adhere to all STARS Summer Enrichment camp rules.

2. How do buddies learn what to do?

   Buddies who are accepted into summer programming will be required to attend a MANDATORY orientation on Friday, May 29, 2020 from 2:30 P.M. -4:00 P.M. All buddies will need to have one parent/guardian in attendance for the orientation. 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. Buddies 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 buddies in special circumstances.

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
Thank you for your interest in the STARS Summer Buddy program. During STARS summer program, it is our goal to provide a fun and rewarding experience for our students and buddies. Please write 4 to 5 sentences explaining why you would like to be a buddy and what you hope to learn from this experience.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
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_____________________________________________________________________________
2020 Summer Buddy Application

STARS Youth Buddy Program

**Pages 3-7 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# ______________

Email Address: ___________________________ @ ___________________________

Emergency Contact Information

Please provide an emergency contact, other than the parent or guardian, who will be available to pick up the buddy 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. We will select two buddies per week. If your child has availability multiple weeks, please indicate by placing a number by each week in order preference.

- Buddies attending the elementary school camp must be between the ages of 10 and 12.
- Buddies attending the middle/high school camp must be between the ages of 12 and 13.

(**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 – 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)
2020 Summer Buddy Application

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:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dose</th>
<th>Time Given</th>
<th>Reason</th>
<th>Child takes independently?</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#:_____________________

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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.
   *Buddies may be dropped off as early as 8:30 a.m.
   **All buddies 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
   Buddies 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 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

Buddies 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 24, 2020. There is limited space
availability for buddies, 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 your child’s acceptance into the buddy program, as soon as we confirm their spot (about a
week after the application is received).

INITIALS _______

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

SIGNATURE: ___________________________  Date: ______________
(Parent/Guardian)