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Santa Monica, CA 90401
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www.thepaintedturtle.org

The Painted Turtle

Return LIT Application

**Applicants must be between 17 or 18 years of age during the session for which you are applying.*

Application deadline: April 15, 2008

CONTACT INFORMATION

First Name: _____ Last Name: _____ MI: _____

Male Female

Present Address

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Permanent Address Check here if same as Present Address

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Until (Month / Year): _____

Please send all L.I.T. materials to my: Present Address Permanent Address

Primary Phone: _____ **E-mail Address:** _____

Alternate Phone: _____ Work Cell Other: _____

In an effort to determine the best time to contact you, please provide the following information:

Time Zone: Pacific Mountain Central Eastern HI / AK Other: _____

Best days and times Monday Morning (9a.m.-12noon) Afternoon (12-5p) Evening (5-9p)

To contact me: Tuesday Morning (9a.m.-12noon) Afternoon (12-5p) Evening (5-9p)

Wednesday Morning (9a.m.-12noon) Afternoon (12-5p) Evening (5-9p)

Thursday Morning (9a.m.-12noon) Afternoon (12-5p) Evening (5-9p)

Friday Morning (9a.m.-12noon) Afternoon (12-5p) Evening (5-9p)

Have you attended The Painted Turtle before as a camper? Yes No

If yes, when and during what group session?

Have you attended other camps before? Yes No

If yes, which camp, when, where, and in what capacity?

How did you hear about The Painted Turtle?

EDUCATION

High School: _____
 City: _____ State: _____ Country: _____ Years Attended: _____
 Diploma/Degree: Diploma G.E.D. In Progress Grade: 9 10 11 12

WORK AND VOLUNTEER EXPERIENCE

Please list your work and volunteer experience below:

Organization:	Dates Worked:	to
Position:		
Responsibilities:		
Organization:	Dates Worked:	to
Position:		
Responsibilities:		
Organization:	Dates Worked:	to
Position:		
Responsibilities:		
Organization:	Dates Worked:	to
Position:		
Responsibilities:		

REFERENCES

Attached to the bottom of this application are three reference forms. Please give a form to three different people who will serve as references for your application to the L.I.T. program. Reference forms can be returned in two ways: (1) With your application, in a sealed envelope with your references signature over the seal or (2) mailed directly to The Painted Turtle, Attn: LIT Application, 1300 4th Street, Suite 300, Santa Monica, CA, 90401. Please provide your references with pre-addressed stamped envelopes.

Please provide the following information for your three references (present employer, youth group leader, teacher, former counselor, etc.). **Friends and family members should not be used as references.**

Name: _____ Nature of Relationship: _____
 Phone No.: _____ Email: _____

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 Phone No.: _____ Email: _____

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 Phone No.: _____ Email: _____

SCHEDULE

2008 Summer LIT Schedule*

Session Dates	Session	LIT Arrival Date
<input type="checkbox"/> June 14 - 19	Liver Transplant & Arthritis	Friday, June 13, 2008
<input type="checkbox"/> June 22 - June 28	Kidney Disease	Saturday, June 21, 2008
<input type="checkbox"/> July 10 - 15	Hemophilia/vWF & Thalassemia	Wednesday, July 9, 2008
<input type="checkbox"/> July 19 - 25	Crohn's and Colitis #1	Friday, July 18, 2008
<input type="checkbox"/> July 30 - August 5	Crohn's and Colitis #2	Tuesday, July 29, 2008
<input type="checkbox"/> August 9 - August 14	Skeletal Dysplasia	Friday, August 8, 2008
<input type="checkbox"/> August 18 - August 22	Type 1 Diabetes	Sunday, August 17, 2008

* I would be interested in participating in two sessions if available. Yes No

Please answer the following questions:

1. What was the most rewarding aspect of your experience as an L.I.T. last summer?

2. What was the most challenging aspect of your experience last summer?

3. What goals would you set for yourself as a return L.I.T.? How would you achieve those goals?

4. What advances would you like to see in the L.I.T. program as a second-year participant? (i.e., what additional topics would you like covered, additional skills developed, etc.)

6. Describe a fun camp idea or activity that you would like to share with campers.

MISCELLANEOUS INFORMATION:

Do you speak or read any languages other than English? How fluent are you?

Language: _____

Level of fluency Read: Low High Medium
 Speak: Low High Medium

Language: _____

Level of fluency Read: Low High Medium
 Speak: Low High Medium

Are you certified in any of the following?

First Aid CPR Life guard Water Safety Ropes Course Equestrian

Have you ever been convicted of a crime? Yes No

If yes, provide a full description including dates and circumstances:

Please share with us any further information that might assist your application:

The Painted Turtle is an equal opportunity employer. All applicants are screened without regard to race, age, gender, religion, marital status, sexual orientation, or disability.

All information will be held confidential unless specified otherwise.

APPLICANT RELEASE AND AUTHORIZATION

Please read carefully and sign below IF YOU ARE 18 YEARS OF AGE
***IF YOU ARE UNDER 18, please have a parent or guardian complete the Release Form on next page**

* To ensure the safety of children, parents and staff at The Painted Turtle, a background check is required for each candidate before an offer of a staff or volunteer position is made.

I, _____, hereby authorize The Painted Turtle to obtain information pertaining to any charges or convictions I may have for federal and state criminal law violations. This information will include, but not be limited to, allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of this state or any other state or federal government to the extent permitted by state and federal law.

I also authorize The Painted Turtle to share this information and the results of the background check with other organizations and agencies with whom The Painted Turtle works to ensure the safety of all campers. Such organizations include Crohn's and Colitis Foundations of America, Muscular Dystrophy Association, Hemophilia Foundation or Southern California, National Kidney Foundation, and may include other similar organizations in the future.

I also authorize all persons, public agencies, courts, schools, employer companies and corporations to supply verification of the information provided in my application as well as evaluation of my prior performances, and I release them from all liability from their doing so.

The above statements are true and complete to the best of my knowledge.

Upon the offer of a position (salaried or volunteer), I understand I must supply the camp with an updated medical evaluation, to be forwarded by my physician.

Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application.

Applicant Signature: _____ **Date:** _____

First Name: _____ Last Name: _____ MI: _____

Alias/Other: _____ Date of Birth: _____

Social Security Number: _____ (mm/dd/yyyy)

Driver's License State: _____ Driver's License No.: _____

Permanent Address:

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Previous Address:

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

From: _____ To: _____
(Month / Year) (Month / Year)

Present Address:

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

The Painted Turtle

Authorization and Release Form 2008

This form must be filled out by the parent or legal guardian of the L.I.T. applicant if the applicant is under the age of 18.

Name of child who will be a camper at The Painted Turtle Camp: _____
(hereinafter referred to as the "Applicant")

Note: Please read the following information carefully. ***Every item on this page must be understood before signing.*** If there are any questions, please call The Painted Turtle at (661) 724-1550 for clarification.

*Please initial
each box below:*

I certify that I am the parent or legal guardian of the above named Applicant.	
<p>I understand that Applicant will be participating in many physical activities at the Painted Turtle Camp.</p> <p>Equestrian activities are conducted in a controlled riding arena. Our equestrian staff members are trained professionals, and the safety of the child is always paramount. Supervised, led trail rides may also be offered to children with parental/medical approval.</p> <p>The Camp also provides a high and low ropes program that offers an adventurous opportunity and is supervised by professionally trained program staff. All participants wear the safety equipment provided, including helmets and harnesses.</p> <p>The Painted Turtle Camp is located at 17000 Elizabeth Lake Road, City of Lake Hughes, State of California (hereinafter referred to as the "Camp"), and I give permission for the Applicant to engage in all activities except as I have noted or Applicant's physician has noted in writing in the space provided immediately below:</p>	
Applicant may engage in all activities at the Camp except (continued on a separate page, if needed):	
I authorize the Camp medical staff to provide the Applicant with medical care, which is deemed necessary by the Camp medical staff.	
I authorize the Camp medical staff to consent to any emergency medical care or treatment, including the dispensing of medicine, examinations, immunizations, x-rays, tests, dental care, anesthetics, medical or surgical diagnosis or treatments, and hospital care, to be rendered to the Applicant as deemed necessary by the Camp medical staff. I also give consent for any transportation deemed necessary or appropriate, at the discretion of the Camp, in connection with the medical treatment of the Applicant.	
I assume financial responsibility for any and all medical and other expenses incurred for or on behalf of the Applicant while at the Camp or offsite.	
I authorize Camp medical staff to contact any of the Applicant's physicians, to obtain any records necessary for treatment, referral, billing or insurance purposes.	
I authorize Camp medical staff to release Applicant's medical records to Camp medical and non-medical staff and to third parties, for the purposes of Applicant's medical treatment, the non-medical care of Applicant, referral, billing, or insurance purposes, as deemed necessary by Camp medical staff.	

I authorize Camp staff to provide transportation to the Applicant, as needed, while the Applicant attends the Camp. I release the Camp from all claims, damages and liabilities that may result, directly or indirectly, from any injury that Applicant may suffer during such transportation.	
I give permission to the Camp to use Applicant's name, photographs, other reproduction(s) and likenesses in connection with activities and publications of the Camp.	
I authorize the Camp Director to return the Applicant to his/her home for any serious violation of the Camp rules. I agree that the Camp Director shall be the sole judge of what constitutes a serious violation.	
I understand that, in order for Applicant to attend the Camp, I must give up any rights to hold the Camp liable for any injury or damage, which the Applicant may suffer while attending the Camp or participating in the activities offered at the Camp.	
I voluntarily release the Camp, its officers, agents, and employees from any and all liability resulting from or arising out of the Applicant attending the Camp or participating in the activities offered by the Camp.	
I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known, or unknown, and whether anticipated or unanticipated by me, arising out of the Applicant attending the Camp and/or participating in the activities offered by the Camp. <i>This Release constitutes a complete release, discharge and waiver of any and all actions or cause of action against the Camp, its officers, agents, or employees.</i>	
I understand and agree that this Release will be binding on me, my spouse, the Applicant, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children. I understand and agree that by signing this Release, I am agreeing to indemnify and hold the Camp, its officers, agents and employees harmless from any and all liability or cost, including attorneys fees associated with or arising from the Applicant attending the Camp and/or participating in the activities offered by the Camp.	
I have read the above information carefully, and I have fully understood each item prior to initialing it. I understand that if I have any questions regarding anything contained in this Release, I may call The Painted Turtle at (661) 724-1550 for an explanation.	

This Release has been executed as of _____, 200__.

Print Name: _____

Signature: _____

Capacity (Parent, Guardian, etc.): _____

The Painted Turtle LIT Reference Form

LIT Applicant's Name: _____

Qualities	Superior	Above Average	Average	Below Average	Poor
<i>Boundaries:</i> Ability to maintain professional and personal boundaries.					
<i>Caring:</i> Ability to put others' needs first. To feel concern for others and oneself.					
<i>Collaboration:</i> A supportive team member who can work with others toward a common goal. Does not compete with team members.					
<i>Composure:</i> Ability to stay calm under pressure and work through stressful situations.					
<i>Confidentiality:</i> Ability to keep confidential information private and avoid gossip.					
<i>Effort:</i> Committed to putting forth maximum effort towards all tasks.					
<i>Energetic:</i> Ability to sustain a high level of energy through challenging times.					
<i>Flexibility:</i> The ability to alter plans when necessary and adjust quickly to new situations					
<i>Initiative:</i> Recognizes when something needs to be done and acts to get the job done.					
<i>Integrity:</i> Ability to conduct oneself according to a sense of what is right and wrong.					
<i>Leadership:</i> Ability to be a positive and effective leader.					
<i>Patience:</i> Ability to wait calmly for someone or something, does not get aggravated or annoyed easily.					
<i>Positive Attitude:</i> Ability to stay positive through difficult situations, does not complain, shares positive attitude with others.					
<i>Problem-Solving:</i> Seeks solutions to problems, uses good judgment and is reflective.					
<i>Professionalism:</i> reflected in language, dress, and relationships with others.					
<i>Responsibility:</i> Accountable for actions, responds appropriately to situations, trustworthy to look after children.					

Additional Comments: (You may write on the back of this page if needed.)

Your Name: _____ Position: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email Address: _____ Date: _____

How long have you known the applicant? _____ In what capacity? _____

Would you feel comfortable with this person caring for your child? _____

Recommendation (Please Circle One): **Yes, I Recommend** **Questionable** **No, I Cannot Recommend**

Please mail this form to: The Painted Turtle, Attn: LIT Application, 1300 4th Street Suite 300, Santa Monica, CA 90401
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The Painted Turtle LIT Reference Form

LIT Applicant's Name: _____

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