



2019 TRANSITION TO ADULTHOOD PROGRAM RETREAT APPLICATION

Please return this completed application to:

H.E.R.O. for Children, Inc.

Attn: Transition to Adulthood Program

580 West Crossville Road, Suite #204

Roswell, GA 30075

Program Purpose

H.E.R.O. for Children, Inc. is committed to *improving the quality of life for children infected with and affected by HIV/AIDS through enriching programs, unforgettable experiences, and connections with the community*. As such, we believe it is important to aid in developing these children's talents and support their pursuit of higher education and professional training. The "Transition to Adulthood" Program Retreat will consist of a weekend of workshops for our young adults covering issues related to attending college as well as seeking gainful employment. Sessions will address topics including the college application process, identifying academic scholarships, accessing internships, resume writing, interviewing skills, financial literacy, social media presence and appropriate professional behavior. For those who desire an alternative to higher education, different avenues for pursuing gainful employment via trade school training and/or professional certification will be explored. With this program, we hope to furnish our adolescents with the tools necessary to succeed in college (if they choose to pursue that option), secure fulfilling jobs, establish careers and become productive members of society. The 2019 Transition to Adulthood Program Retreat will take place from **Friday, October 25th through Sunday October 27th at Camp Twin Lakes' Will-A-Way site in Winder, GA**. This program is offered *free of charge* to all eligible applicants who are admitted. Round-trip transportation will be provided to all accepted applicants.

Eligibility Criteria

- Must be thirteen (13) years of age or older.
- Must have HIV/AIDS or:
 - 1) have an immediate family member who is infected with HIV/AIDS (i.e. mother, father, brother or sister),
 - 2) have an immediate family member who has died from HIV/AIDS-related complications,
 - 3) live with an extended family member (i.e. grandmother, grandfather, aunt, uncle or cousin) who has HIV/AIDS.
- Must be or have been enrolled in at least one H.E.R.O. program, or be referred by a Case Manager or other social service professional.
- Must submit a copy of most recent academic/progress report.

Deadline: Friday, October 4, 2019.

You will be notified by phone, email or mail regarding the status of your application.



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APPLICANT INFORMATION

First Name		Middle Name/Initial		Last Name	
Home Address		City	County		Zip
Telephone Number			Email Address		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian/Pacific Islander/Indian Sub-Continent <input type="checkbox"/> Black/African-American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Native American			

What H.E.R.O. program(s) have you participated in? When? (Please check all programs that apply)

<input type="checkbox"/> Super HEROs Program/Yr.(s) _____ <input type="checkbox"/> Camp High Five/Yr.(s) _____ <input type="checkbox"/> HERO for a Day/Yr.(s) _____	<input type="checkbox"/> Transition to Adulthood/Yr.(s) _____ <input type="checkbox"/> Bright HEROs Program/Yr.(s) _____ <input type="checkbox"/> Other _____
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PARENT/GUARDIAN INFORMATION

First Name		Middle Name/Initial		Last Name	
Home Address		City	County		Zip
Home Number			Mobile Number		
Email Address					

What is the highest level of education your parent/guardian has achieved (Please check one, if applicable)?

<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Law Degree (J.D.)	<input type="checkbox"/> Doctorate Degree (Ph.D.)	<input type="checkbox"/> Medical Doctor Degree (M.D.)

EMERGENCY CONTACT INFORMATION

First Name		Last Name		Relationship to Child	
Home Address		City	County		Zip
Home Number			Mobile Number		

MEDICAL INFORMATION

Are you currently on any medications? If yes, please list all medications and dosages (i.e. one pill each morning).

Is an adult's assistance needed when taking medications? Yes No, I can manage on my own.



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EDUCATION INFORMATION

High School/College Attending	Grade Level	Grade Point Average (GPA)	Anticipated Graduation Date
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If you are a current high school or college student, please list each class/course you are enrolled in this semester. Also, please indicate if the class/course is Advanced Placement (AP), Honors (H), or International Baccalaureate (IB).

Which class/course do you enjoy the most? Why?

Which class/course do you enjoy the least? Why?

Have you taken the SAT, ACT, Advanced Placement or any other entrance exam(s)? Yes No (If yes, please provide your score information below.)

Scholastic Exams

Exam	English Score	Math Score	Reading Score	Science Score	Composite Score
ACT					
SAT					
PSAT					
AP Exam					
OTHER Exam					

COMMUNITY SERVICE

(Please list your community service activities during the past two years, if any).

Organization	Nature of Service/Work	From (Mo./Yr.)	To (Mo./Yr.)	Avg. Hrs./Wk.

EXTRA-CURRICULAR ACTIVITIES

What are your hobbies/interests?

Do you participate in any school sports? If yes, which ones and what position(s) do you play?



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EXTRA-CURRICULAR ACTIVITIES (Continued)

Are you involved in any other extracurricular activities (including social clubs and student government), programs or organizations? If yes, what are they and what position(s) of leadership (i.e. President, Secretary, etc.) do you hold in each (if any)?

List honors and outstanding achievements you have received (if any):

HIGHER EDUCATION/CAREER GOALS

Are you interested in college? If so, which colleges or universities are you interested in attending? Why?

If you are not interested in attending college, are you interested in pursuing trade or professional certification? If so, in what area(s)?

What job or career are you interested in? Why?

What do you hope to gain from participating in the Transition to Adulthood Program Retreat?

CERTIFICATION OR TRADE INTEREST (Check area of interest)

- Checkboxes for HVAC, Business Administration Technology, Health Information Management, Electrician, Massage Therapy, Early Childhood Care and Education, Culinary Arts, Hotel/Restaurant/Tourism, Certified Nursing Assistant, Cosmetology, and Other.

STATEMENT OF UNDERSTANDING

The facts set forth in my application are true to the best of my knowledge. I understand that any false or misleading statements in this application will result in my disqualification from the Transition to Adulthood Program.

Signature of Applicant:

Date



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CAMP TWIN LAKES –TRANSITION TO ADULTHOOD RETREAT RELEASE FORM

This agreement must be read and signed for you/your child to be eligible to attend the TTA Retreat at Camp Twin Lakes.

Your/Your Child's Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in the TTA Retreat and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with the TTA Retreat and activities at Camp Twin Lakes in which I/my child will be participating. I acknowledge that although the TTA Retreat and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, the TTA Retreat and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for the TTA Retreat at Camp Twin Lakes. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child incur, and I have received approval from a doctor authorizing me/my child to participate in the TTA Retreat activities at Camp Twin Lakes. I also agree to inform the TTA Retreat of any activities in which I/my child may not participate. I understand and agree that my child will be in an environment that involves elements related to nature, camping or community living, such as insects and insect bites, sun exposure, or communicable illnesses.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during TTA Retreat activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of TTA Retreat activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge the TTA Retreat and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at the TTA Retreat at Camp Twin Lakes.

III. MEDIA RELEASE

I do ___ I do not ___ give the TTA Retreat and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. The TTA Retreat and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that the TTA Retreat or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release the TTA Retreat and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by the TTA Retreat and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. PROGRAM AND OUTCOMES EVALUATION

I do ___ I do not ___ give the TTA Retreat and Camp Twin Lakes to survey me/my child in confidential and voluntary program evaluation at Camp Twin Lakes. I understand that my/my child's name will not be used in conjunction with surveys and the data collected will be used to improve programming at Camp Twin Lakes and other camps and programs.

V. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

X _____
Parent/Guardian/Self Signature

Date