

January 6, 2012



Dear Potential STAND Camp Jr. Advisor,

Anuvia Prevention & Recovery Center would like to thank you for your interest in becoming a Jr. Advisor for our STAND Camp program (Students Taking Actions Not Drugs). STAND Camp provides an array of educational, social and recreational activities designed to bolster students' life skills, grow leadership and teamwork skills and enhance appreciation of the diversity of our community.

**This year, STAND Camp will be held at Wingate University,
Sunday, July 15th through Wednesday, July 18th.**

To qualify as a Jr. Advisor you must be a 9th-12th grader in the 2012-2013 school year and must attend at least 4 out of 5 trainings. As a Jr. Advisor, you would gain the opportunity to assist the Anuvia staff and volunteer advisors in a number of activities and develop your own leadership skills. You will learn the facts about drugs and alcohol so that you can be a valued and positive resource in your own community.

To apply, fill out and sign **ALL** enclosed forms. **Your application must be received by Friday, February 17, 2012** at Anuvia Prevention & Recovery Center, 100 Billingsley Road, Charlotte, NC 28211, Attn: Kami R. Shackelford. **If all forms do not have the proper signatures and are not fully completed, the application will be returned and will not be considered until completed.**

Thank you again for your interest. If there are any questions or concerns please feel free to contact Rachelle Vo at Rachelle.Vo@anuvia.org, 704-927-8867 or Clint Grant at Clint.Grant@anuvia.org, 704-927-8850.

Sincerely,

Susan Johnson & Zorana Roldan-Romo

Prevention Supervisors

STAND 2012 Jr. Advisor Application Form

Student's Name: _____

Sex: Male Female Date of Birth: _____ Age: _____

Student's Grade for the 2012/2013 School Year: _____

Race:

- American Indian/Alaska Native Asian Black/African American Hispanic/Latino
 Native Hawaiian/Other Pacific Islander White More Than One Race Unknown

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Email: _____

Have you attended STAND Camp before? Yes (When : _____) No

Parent/Guardian Contact:

Parent/Guardian: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact 1:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact 2:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

For Office Use Only: Date Received: _____ Staff Initials: _____

STAND Code of Conduct

I, _____, do promise to abide by the following Code of Conduct while at STAND Camp:

- ◆ I will do my best to exhibit strong leadership and teamwork qualities and place an emphasis on having positive relationships with my fellow campers and staff.
- ◆ I will not use tobacco, alcohol and other drugs.
- ◆ I will refrain from wearing any form of clothing that promotes tobacco, alcohol, or other drugs.
- ◆ I will wear clothing that is presentable - No short-shorts, see-through clothing, belly bearing t-shirts, or tight clothing, etc.
- ◆ I understand that cell phone's are discouraged at STAND Camp. If I choose to bring my cell phone, I will give my cell phone to an Anuvia Advisor for the entirety of the camp and I understand that I will only have access to it briefly in the evening to connect with my parents and for emergency purposes. I understand that it is my responsibility to contact my parents if they wish to hear from me each evening.
- ◆ I will not engage in fighting, swearing, and other disrespectful behavior. I understand that such behavior is not tolerated at STAND Camp.
- ◆ I will not bring valuables to camp and I am solely responsible for any items that I bring with me.
- ◆ I realize that I represent STAND and my conduct will reflect on this program. I understand that my choices and behaviors may jeopardize the continuation of this program for future students.

I understand that my failure to abide by this Code of Conduct will result in disciplinary action which may include dismissal from camp. My parent(s)/guardian have also read over this agreement and understand my obligations.

Student Signature

Date

Parent/Guardian Signature

Date



STAND Camp Medication Guidelines

This document is intended to inform you of Anuvia’s policies regarding medications. Current guidelines prohibit Anuvia staff and volunteers from handling and administering medication. Young people under 18 are also prohibited from self-administering medicines while in Anuvia’s care. This includes prescription medications as well as over the counter medications (such as Tylenol, Ibuprofen, etc.).

As a result, Anuvia can only accommodate children under the following conditions at STAND camp:

- 1) The child either does not take any medication or, if they do, they can safely abstain from their medication while they are at STAND camp; or
- 2) If a child does require medicine during STAND, the parent can either come to Wingate University to administer the medicine or they can make arrangements in advance with a physician in close proximity to Wingate University who can administer the medicine for the child. Please note that in this case Anuvia staff will contact you prior to STAND to verify that you have made arrangements for your child.

For your child’s safety, if your child is in possession of ANY medications at camp, he or she will be dismissed from STAND Camp.

Please verify the health needs of your child below.

Child’s Name _____

- I verify that my child does not need to take any medications.

Parent/Guardian initials _____

- My child takes medication, but can safely abstain from medications while at STAND Camp. For prescriptions, please attach a doctor’s note verifying that your child can safely abstain from usage while at STAND Camp.

Parent/Guardian initials _____

- My child *does* need to take medications while at STAND Camp and I agree to either come to camp to administer any required medications or to make arrangements with a local physician to ensure my child receives his/her medications. Please briefly describe the arrangements you will make: _____

Parent/Guardian initials _____

Parent/Guardian Signature _____

Consent for Emergency Medical Treatment

I, _____, hereby release Anuvia Prevention & Recovery
Name of Parent/Guardian

Center their servants and employees from any liability for personal injuries or property damage sustained by my child, _____ in connection with participation in the
Child's Name
STAND Camp program.

I **do have**/ **do not have** personal insurance on my child. I further understand that if my child is not insured, Anuvia Prevention & Recovery Center will not be held liable.

I hereby give consent and authorize the administration of all medical treatments advisable or necessary under the judgment of the accredited camp staff, emergency room physicians, or any other clinical physicians with the understanding that I will be notified as soon as possible.

Parent /Guardian Signature: _____ Date: _____

Emergency Medical Information:

Physician/Group: _____ Address: _____ Phone: _____

If your child is covered by an accident/health insurance policy, please list the following:

Insurance Company Name: _____

Policy Holder: _____ Policy Number: _____ Group Number: _____

Please put a check by any condition your child has or is taking medication for:

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Blood disorders |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Anemia | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Birth Deformities | <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Other _____ | | |

Is the child pregnant? Yes No Are your child's immunizations current? Yes No

Date of last Tetanus booster? _____

Is there any reason why your child may not participate in any activities? If so, please explain:

Please list **ALL** prescription and/or over the counter drugs that your child is currently taking (although they may be safely abstaining from such medication while at STAND Camp, such information could be useful in the event of an emergency).

Please list **ALL** allergies (e.g., food, medicine), mental, and emotional concerns for your child:



Permission and Release Form

The undersigned authorizes the participation of my son/daughter, or a child for which I am the legal guardian or have legal responsibility for, to attend STAND Camp, a 4-day residential camp conducted by Anuvia Prevention and Recovery Center at Wingate University, July 15th-18th, 2012. The undersigned hereby consents to the use, publication, distribution or display of any photograph, picture, film or video taken of the child identified below during STAND Camp, and of any prints or copies thereof or therefrom, in whole or in part for advertising or promotional purposes, in the discretion of Anuvia Prevention and Recovery Center, its successors or assigns.

The undersigned has read this release and fully understand its contents. This release will be binding upon me, my heirs, legal representatives and assigns.

Minor Child's Printed Name

Date

I certify that I am his/her parent, legal guardian or have legal responsibility and I give my consent without reservation to the foregoing on his/her behalf.

Parent/Legal Guardian/Person With Legal Responsibility For Aforementioned Minor Child

Parent/guardian printed name: _____

Address: _____

Phone: _____

Signature of Parent/Guardian/Persons With Legal Responsibility For Aforementioned Minor Child

Signature

Date



MECKLENBURG COUNTY ABC BOARD

MARY H. WARD
EDUCATION / COMMUNITY RELATIONS DIRECTOR

DIRECTORS

CLEVELAND EDWARDS, CHAIRMAN
ANGELES ORTEGA-MOORE
DAVID CONWAY
HARRY LOMAX

PAUL STROUP, CEO

Permission to Use Pictures

In consideration for value received, receipt of which is acknowledged, I hereby irrevocably grant the Mecklenburg County ABC Board the absolute right and permission to use my name (or any fictional name), and likeness in all forms and media, and in all manner, including composite representations, advertising, promotion, trade, or for any other lawful purpose. I waive any right to inspect or approve the finished versions. I have read this release and fully understand its contents. This release will be binding upon me, my heirs, legal representatives and assigns. Except for those persons whose parent or guardian is signing below, I hereby affirm that I am of full age and have the right to contract in my own name.

Signature (or minor's printed name)

Date

If the person photographed is under 18 years old, I certify that I am his/her parent or legal guardian and I give my consent without reservation to the foregoing on his/her behalf.

Parent/guardian printed name: _____

Address: _____

Phone: _____

Signature of parent/guardian: _____

MECKLENBURG COUNTY ALCOHOLIC BEVERAGE CONTROL BOARD
GOLF CART USE
Release of Liability and
Assumption of Risk Agreement

Print Participant name

The Mecklenburg County Alcoholic Beverage Control Board (“ABC Board”) through its Law Enforcement Division is offering individuals the opportunity to drive a golf cart in a parking lot on a simulated road course with an ABC Board Law Enforcement Officer as part of a driver’s education experience while wearing “fatal vision goggles” that simulate driving while under the influence.

The Participant acknowledges that he or she will receive an explanation of how to operate the golf cart safely, but understands that driving the golf cart while wearing the fatal vision goggles will nonetheless expose him or her to various hazards and risks, including, among others, bumping, jarring, risk of collision with objects next to the course, the negligence of other people, all of which present a risk of injury, including, without limitation, the risk that the Participant may suffer contusions, lacerations, sprains, fractures, and other potentially more serious injuries.

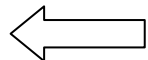
RELEASE OF LIABILITY

In consideration of the ABC Board allowing the above named participant to drive a golf cart in a parking lot on a simulated road course with an ABC Board Law Enforcement Officer as part of a driver’s education experience while wearing “fatal vision goggles” that simulate driving while under the influence, the undersigned agree to release and hold the ABC Board and its employees free, harmless and indemnified from and against all claims, suits, or causes of action arising from or out of injury that the above named Participant may suffer from participation in said experience other than an injury from gross or willful negligence.

ASSUMPTION OF RISK

We acknowledge and understand that there is a risk of injury involved in the above described activity. We understand that the Participant will be under the supervision and instruction of a trained ABC Board Law Enforcement Officer in order to reduce the risk of injury of the Participant. However, the undersigned acknowledge that neither the ABC Board Law Enforcement Officer nor the ABC Board can totally eliminate the risk of injury. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from Participant engaging in this activity.

Participant initials



The Participant agrees to listen, understand and follow all instructions and warnings from the instructor before and while driving the golf cart and understands that following the instructions and warnings of the instructor greatly reduces, but does not eliminate, the risk of injury.

The Participant also understand that if at any point he or she feels incapable of operating the golf cart safely or following the instructions provided, it is HIS or HER responsibility to end his or her participation in the event. Additionally, if the Participant observes any unusual significant hazard during his or her participation, Participant agrees to remove himself or herself from participation and bring such to the attention of the nearest instructor immediately.

The Participant understands that ABC Board employees reserve the right to, at any time, declare that the Participant has not demonstrated sufficient maturity or skill needed to safely operate the golf cart. However, the Participant understands that it is his or her responsibility to end his or her participation if he or she feels incapable of operating the golf cart safely, not that of the instructor.

THE UNDERSIGNED HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. THE UNDERSIGNED ARE AWARE THAT THIS DOCUMENT IS A RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND HAVE SIGNED IT VOLUNTARILY. THE PARTICIPANT ALSO UNDERSTANDS THAT HE OR SHE SHOULD NOT PARTICIPATE AND MAY NOT PARTICIPATE IN THIS ACTIVITY IF UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.

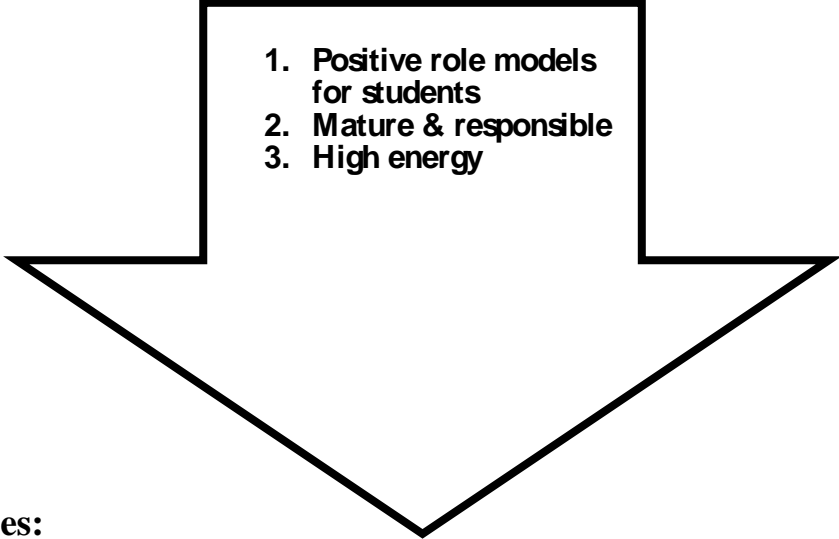
Signature of Participant

Print Name

Signature of Parent/Guardian if Participant is under 18 years of age: _____

S.T.A.N.D. Camp

Jr. Advisor Job Description

- 
1. Positive role models for students
 2. Mature & responsible
 3. High energy

Key Responsibilities:

- ◆ **Responsible for assisting in the set up for registration**
 - Unloading cars, trucks and vans
 - Hangs directional signs
 - Escorts students to their assigned rooms
 - Follow list of previously assigned duties (daily schedule)
- ◆ **Responsible for assisting in the set up for activities**
 - Collect and deliver materials needed for activities
 - Participate in games and activities
 - Breakdown and clean up after activities
 - Other duties as assigned
- ◆ **Responsible for distributing snacks to gender appropriate floors**
- ◆ **Responsible for assisting Advisors and Staff during Family Group Time**
 - Peer educate part of the lesson plan
- ◆ **Responsible for escorting students from one activity to another**
 - Walk with students from activity to activity
 - Start Cheers to get students attention (must have enthusiasm)
 - Report problem behavior to Anuvia staff
- ◆ **Responsible for assisting staff in the clean up of the dorm**
 - Help students to pack and load bags
 - Assist in final room check
- ◆ **Have Fun!**

S.T.A.N.D. Camp Junior Advisor Screening

As a junior advisor we are looking for youth who are positive role models, responsible and energetic. Junior advisors will provide assistance on preparing for stand camp, facilitate aspects of the lesson plans that focus on life skills and the dangers of drugs and alcohol, and provide assistance to Anuvia staff and volunteers.

Name: _____	Contact Number: _____
School: _____ Age: _____	Grade(2012-2013 school year): _____

Please complete the following questions in detail. Feel free to use the back of this form or another sheet of paper if needed.

Please tell us what would make you the ideal candidate for this position.

What are some of your strengths and weaknesses?

What leadership roles have you held in the past? (Clubs, Organizations etc)

To qualify for the Jr. Advisor positions you must attend the FIRST and LAST training. If you will be absent please call the number below.

February 17 deadline for Junior Advisor Applications

February 18 Calls for Junior Advisors for interview

February 25 Interviews

Training Dates: SATURDAYS on March 17th (*Mandatory*),

April 7th,

May 19th,

June 9th,

July 14th (*Mandatory*)

Time frame: 10:00 am-1:00 pm always **Location:** Room H (upstairs) at 100 Billingsley Rd Charlotte, NC 28211

If you have any questions or concerns in regards to the position as a Junior Advisor please contact
Rachelle Vo (704) 927-8867 or Clint Grant (704) 927-8850