



Disability EmpowHer Camp Camper Application

*** ONLY If the participant is 18 years old and you are completing this application without a parent/guardian please put N/A in the following parent/guardian sections*** To preview the full application prior to completing follow the PDF link on the website.

Applicant (Camper) Name *

First Name Last Name

Applicant Mailing Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Applicant Email Address *

example@example.com

Applicant Cell Phone Number *

Please enter a valid phone number.

Parent 1

Parent/Guardian Name *

First Name

Parent/Guardian Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Parent/Guardian Email Address *

example@example.com

Parent/Guardian Phone Number *

Please enter a valid phone number.

Parent 2 (optional)

Parent/Guardian Name

First Name

Last Name

Parent/Guardian Address

Street Address

Street Address Line 2

Parent/Guardian Email Address

example@example.com

Parent/Guardian Phone Number

Please enter a valid phone number.

Any other relevant demographic information? (adopted, religion, place of birth, etc.)

For those who are D/deaf, hard of hearing, or with other speech/communication disabilities or differences, please indicate phone preferences (e.g. VRS/texting on cell):

Parent/Guardian Section

The following questions are for parent(s)/guardian(s) to complete: ***ONLY If
the participant is 18 years old and you are completing this application without a parent/guardian please
put N/A in the following parent/guardian sections and rank 0 in the following skills ranking***

How long and how many times has your child been away from home without a parent/guardian? (i.e. camps, sleepovers, vacations without parent/guardian, etc.) *

How does your child manage being away from home without a parent/guardian? What tips and information regarding your child's ability to manage being away from home without a parent/guardian should we be aware of, if any? *

Please list all accommodations (as applicable) that your child would need to fully participate in our program, keeping in mind that we will have limited access to modern conveniences such as indoor plumbing while camping. Please note that we DO have access to electricity specifically and only for charging wheelchairs and/or assistive technology. *

What medications does your child take? What are the medications for? *

Does your child have any regular medical routines (i.e. cathing four times per day, performing a bowel program, checking blood sugar, etc.)? *

Can your child take their medicine and/or perform their regular medical routines independently? With assistance? If assistance is needed, what type of assistance? *

What dietary restrictions does your child have, if any? *

Does your child have any allergies? *

Participants go without all electronics (with the exception of devices such as power wheelchairs, medication delivery devices, augmentative communication devices, etc.) during the camping portion of our program, except for phone time once during their stay. Do you foresee any challenges with this policy for you or your child? *

EmpowHer Camp is a year-long program. This includes: (1) A week of camping in the Adirondacks, followed by (2) Completing an emergency preparedness project at home for one year while regularly talking with a mentor, and concluding with (3) A week-long trip to Washington, D.C.. Do you foresee any challenges in completing the program for you or your child? *

Please rate your child's skill level in the following areas on a scale of 1 – 10.

To guide you, 1 means "None: My child has no experience in this area," 5 means "Good: My child has some knowledge and a little experience in this area" and 10 means "Excellent: My child is an expert and has NO room for growth in this area." You can score any number between 1-10.

Survival Skills

Camping (sleeping bag set-up) *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Fire Building *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Navigation (reading a map/compass, knowing one's way) *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Living Without Modern Conveniences (i.e. indoor plumbing, electricity, phones) *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Independent Living Skills

Physical Self-Care (dressing, bathing, toileting, transfers) *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Mental/Emotional Self-Care (coping skills, emotional regulation, etc.) *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Cooking *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Self-Advocacy (speaking up for yourself and your needs) *

1 2 3 4 5 6 7 8 9 10

Planning *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Time Management (getting places on time, planning ahead for tasks) *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Cleaning *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Leadership Skills

Public Communication/Presenting (communicating in front of others in a formal way with or without practice)

1 2 3 4 5 6 7 8 9 10

None

Excellent

Communication Skills (socializing, written communication, active listening, etc.)

1 2 3 4 5 6 7 8 9 10

None

Excellent

Problem Solving *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Adaptability (being flexible when things change)

1 2 3 4 5 6 7 8 9 10

None

Excellent

Teamwork

1 2 3 4 5 6 7 8 9 10

None

Excellent

Discipline (taking initiative, being responsible, finishing tasks, etc.)

1 2 3 4 5 6 7 8 9 10

None

Excellent

How would you rate your child's confidence on a scale of 1-10?

1 2 3 4 5 6 7 8 9 10

None

Excellent

Please feel free to describe additional information about your child that you would like to share (related to school, family, friends, and including any recent life events):

Please click here to confirm that you have read the Camp Description and Year-Long Commitment information, as provided in the FAQ at the following link:

<https://www.disabilityempowhernetwork.org/camp-application> *

I have read and agree to the above information

Thank you for completing the first part of the application!

The next portion is for your child to complete. The participant is required to answer the questions on their own or, when necessary, with the assistance of a non-parent/guardian. If your child requires accommodations to complete the form, please email us at disabilityempowhernetwork@gmail.com.

Applicant Section:

Please fill this out by yourself, or with help from someone who is not your parent or guardian. We are so excited that you're interested in EmpowHer Camp! We want to make this the best possible experience for you and the other participants in the program. We're asking the questions below to get to know you better. We're not checking how you spell or write. We do want you to complete the questions below without help from your parent/guardian. We really want to hear from you. There aren't any "right" or "wrong" answers; just be yourself and let us know who you are. Thank you!

What do you think makes a good leader? (up to 300 words) *

0/500

Do you currently have any role models that are successful women with disabilities? If yes, please tell us about them. *

What about your school do you like? What do you find challenging? *

What are you looking to gain/what are you looking forward to by participating in the year-long EmpowHer Camp Journey (the camping trip, mentorship, reunion trip, AND the year-long project)? (up to 500 words) *

How do you feel about camping away from home for one week? *

What's the longest you've been away from home without your parent(s)/guardian(s)? Where did you go, what did you do, and how did it feel to be away from your parent(s)/guardian(s)? *

Tell us about something you're proud of: *

Everyone needs help at camp. That said, disabled people often require "reasonable accommodations." A reasonable accommodation is an adjustment made in a system for an individual based on needs. For example, a blind person may require the accommodation of Braille or large print written materials. A wheelchair user may require the accommodation of a ramp or access to electricity to charge their wheelchair. Other examples can include access to an alternative/augmentative communication device, grab bars, a raised bed, and more. What accommodations, if any, do you require? Remember -- it is ALWAYS okay to ask for help! This will not determine whether you are accepted to camp. *

Are there any other kinds of necessary help you receive during your day-to-day life that you might need at camp (i.e. brushing your hair, brushing your teeth, cutting up your food, keeping track of your schedule, etc.)? *

Do you take any medications? Do you know what your medicine is for? *

Do you have any regular disability related routines? (such as going to the bathroom at a certain time or eating specific things?) *

Can you take your medicine and/or perform your regular medical routines independently? With help? If you can do it with help, what kinds of help do you need? *

Participants go without all electronics that are not medically necessary during the camping portion of our program, except for phone time once during their stay. Do you foresee any challenges with this policy for you? *

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Please rate your skill level in the following areas on a scale of 1 – 10.

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Excellent

Fire Building *

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None

Excellent

Navigation (reading a map/compass, knowing your way) *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Living Without Modern Conveniences (i.e. indoor plumbing, electricity, phones) *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Independent Living Skills

Physical Self-Care (dressing, bathing, toileting, transfers) *

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Excellent

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None

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None

Excellent

Teamwork *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Discipline (taking initiative, being responsible, finishing tasks, etc.) *

1 2 3 4 5 6 7 8 9 10

None

Excellent

How would you rate your confidence on a scale of 1-10? *

1 2 3 4 5 6 7 8 9 10

None

Excellent

Is there anything else you'd like us to know about you?

Please click here to confirm that you have read the Camp Description and Year-Long Commitment information, as provided in the FAQ at the following link:

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I have read and agree to the above information

COVID Considerations

EmpowHer Camp will be held at an accessible camp site in the Adirondacks, NY. This is an outdoor facility with miles of trails. All participants will sleep outdoors in close proximity to three to four participants. Hand sanitizer and sanitizing wipes will be in all activity areas. Every person will be required to be vaccinated in order to attend camp, unless medically unable to be vaccinated. All persons attending camp will be required to test negative for COVID within three days of attending camp. All participants will be required to sign a liability waiver which will include recognition that the participant is freely volunteering to participate in EmpowHer Camp and that the participant recognizes the risks of COVID-19. Parents/guardians will also be required to sign this form. If it is determined that we are unable to host EmpowHer Camp due to statewide or national COVID safety concerns, we will make our best efforts to ensure that selected participants can participate in EmpowHer Camp when it is safe to do so. Please note all COVID-related rules are subject to change as per CDC guidance.

Understand and Agree *

I have read and understand the COVID Considerations as stated above.