



High School Students Needed!

Service Learning Impacting Citizenship Camp

August 3rd - August 7th, 2009

The Volunteer Center of Greensboro is looking for rising 9th - 12th graders to participate in our Service Learning Impacting Citizenship Camp (SLICC). SLICC is an effort to empower local high school students to impact their community as engaged and informed citizens. In 2009, SLICC campers will explore how agriculture and hunger issues affect our community. The Volunteer Center staff and college students working as group leaders will lead teams of up to ten campers through educational activities, volunteer service, and reflection activities.

Volunteer Service: Campers will volunteer at various nonprofit agencies. In 2008, campers volunteered at Greensboro Urban Ministry, Reading Connections, LifeSpan, the Welfare Reform Liaison Project, Greensboro Beautiful, the Greensboro Historical Museum, and The Adult Center for Enrichment.

Speakers: In 2008, Senator Kay Hagan and Greensboro Mayor Yvonne Johnson spoke at SLICC. Speakers from seven local nonprofits also visited SLICC and talked with campers about their agencies and the work they are doing in our community.

Dates: SLICC is scheduled for Monday, August 3rd through Friday, August 7th.

Time: 8:30 am - 5:00 pm

Camp Headquarters: North Carolina Cooperative Extension, Guilford County Center, 3309 Burlington Rd, Greensboro, NC 27405

Food: Afternoon snacks and lunches will be provided by The Volunteer Center.

Transportation: Families are responsible for dropping off and picking up campers from the camp's headquarters. The Volunteer Center will provide bus transportation to and from nonprofit agencies where campers will complete their volunteer projects.

Benefits:

- Earn 30 volunteer hours in one week
- Learn leadership skills
- Learn how you can make a difference in your community
- Meet new friends
- Improve your future college application and resume with community service and leadership experience

For more information please contact:

Aaron Hunt, Program Director

(336) 373-1633

aaronhunt@volunteergso.org

www.volunteergso.org

Service Learning Impacting Citizenship Camp (SLICC)

2009 Camper Application

Due Date: June 29, 2009

Camp Fee: \$50.00

Name (please print): _____

Date of Birth (Day/Month/Year): _____

Present Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

What is your t-shirt size (S, M, L, XL, XXL)? _____

Tell us a little about yourself:

Gender: _____

Ethnicity: _____

Nationality: _____

High School: _____

Expected Graduation Date: _____

Extra Curricular Activities: _____

Accomplishments: _____

Please circle each issue that is an Area of Interest to you (AI) and/or in which you have Previous Experience (PE).

Politics & Government	AI	PE	Poverty & Homelessness	AI	PE
Environment & Nature	AI	PE	Families & Youth	AI	PE
Arts & Culture	AI	PE	Senior Citizens	AI	PE
Animals	AI	PE	International	AI	PE

Other Interests: _____

Have you ever applied to attend SLICC in the past (yes or no)? _____

If yes, please list the result (accepted, waiting list, or denied). _____

How did you hear about SLICC? _____

Do you have any food allergies or other special needs that we should be aware of? This will help us to plan accordingly for snacks, transportation, and other camp programs.

Tell us a little about your family:

How many family members do you have in your immediate family?

Would you consider your family's economic status to be low, middle, or high?

For the following questions 1 = not involved, 2 = occasionally involved, 3 = moderately involved, 4 = highly involved, and 5 = very highly involved.

On a scale of 1 to 5, how involved is your family in volunteer activities? ____

On a scale of 1 to 5, how involved is your family in political activities? ____

On a scale of 1 to 5, how involved is your family in religious activities? ____

Essay:

You must submit an essay with this application that fully addresses the three questions below. We prefer that the essay be typed in 12 point font, double spaced, and three pages or less. Hand written essays are acceptable.

- What do you hope to gain from attending SLICC?
- Why is community involvement important?
- How does hunger affect Greensboro?

Consent Form

This form must be completed and signed in order for the application to be considered.

The undersigned, _____, being the parent/legal guardian of _____, a minor child, ("my child") and _____, the minor child, hereby understand that The Volunteer Center of Greensboro, Inc., located at 1500 Yanceyville Street, Greensboro, North Carolina, hereinafter "VC", is offering a day camp known as Service Learning Impacting Citizenship camp, hereinafter "SLICC". VC is planning to offer SLICC to approximately 60 teenage campers to be led by counselors (college students) and VC staff. The camp is planned for August 3-7, 2009. SLICC will focus on service learning and citizenship and the expected hours will be from 8 am to 5:30 pm each day. The campers and counselors will be expected to participate in group activities, listen to speakers, and travel to various nonprofits for various activities and learning experiences. VC will supply transportation to and from the nonprofits.

I, _____, being the parent/legal guardian of my minor child, hereby authorize and give full consent for my child to participate in SLICC. I understand and agree that my child must abide by all rules and directions given by the counselors and VC staff and participate in all activities of SLICC. My child and I agree not to infringe on the safety or knowingly cause any harm to others in attendance at SLICC or anyone my child is in contact with during SLICC. I also understand and agree that I shall not hold VC, its officers, Board of Directors, employees, agents and volunteers liable for any problems of any kind. I understand that VC does not have control over my child or other campers and counselors and that there are normal risks in all activities, including weather and driving hazards.

I do hereby release, indemnify and hold harmless VC, its officers, Board of Directors, employees, agents and volunteers, as well as all partnering organizations, from and against any and all claims, damages, losses, costs, liabilities, suits,

demands, judgments, expenses, actions, and causes of action whatsoever, in any manner arising out of my child's participation in SLICC.

I further attest that with reasonable accommodations my child is physically able and qualified to participate in SLICC and all service activities offered in SLICC. Further, I hereby authorize and give full consent to VC and the counselors to act on my behalf in the event I cannot be contacted, to enable prompt care and attention in the case of illness or accident incurred by my child while my child is participating in SLICC. I also hereby authorize VC and the counselors to incur necessary expenses for my child, and I agree to pay such expenses. I have listed my insurance and contact information below. I authorize the release of my child's medical information to an outside health professional when necessary. I also authorize the release of medical information to an insurance company, or intermediary, for payment of incurred charges.

The parent or legal guardian who signs this agreement on behalf of a minor, incapacitated and/or mentally challenged person (hereinafter, "Said Person"), hereby acknowledges that he or she had the legal capacity and authority to act on behalf of Said Person to legally bind Said Person to this agreement. The parent or legal guardian who signs this agreement agrees to indemnify and hold harmless the VC and its agent for any expenses incurred, claims made, or liabilities assessed against them, as a result of any insufficiency or legal capacity or authority to act on behalf of Said Person in the execution of this agreement.

Further, I give my permission to VC to use, without limitation or obligation, photographs, film footage, tape recordings, and other media, which may include my child's image and/or voice, for purposes of promoting VC and its partnering organizations.

Read, Understood, and Agreed to by:

Child Signature _____ Child Printed Name _____ Date _____

Parent/Guardian Signature _____ Parent/Guardian Printed Name _____ Date _____

Insurance information _____

Emergency Contact Info

Name _____ Relationship to camper _____

Phone Number(s) _____

Name _____ Relationship to camper _____

Phone Number(s) _____

I warrant and agree that all information provided above is true and correct.

Camper Printed Name _____ **Date** _____

Camper Signature _____ **Date** _____

**Please return this application with the \$50.00 fee to:
The Volunteer Center of Greensboro, Inc.
Attn: SLICC
1500 Yanceyville St.
Greensboro, NC 27405**