

PANDA² Junior Camp



Where: Camp Muskingum
Carrollton, Ohio
When: November 6-8, 2009



Meridian Services, Inc.



Prevention
Partners Plus

building a safe, healthy, drug-free community

Sponsored By:

A joint venture of
Meridian Service, Inc. &
The Neil Kennedy Recovery
Clinic

Phone: 330-743-6671
Fax: 330-743-6672
Web Address:
www.meridianservices.org

Participant and PAIT
Applications Due:
Friday, October 23

Adult Applications Due:
Friday, October 16

Prevent

And

Neutralize

Drug &

Alcohol

Abuse

For more information contact...
Beth Bonish PANDA² Coordinator
330-743-6671 or email:
Bbonish@meridianservices.org

PANDA² JUNIOR CAMP-November 6-8, 2009

Application Procedure

*****Please read this booklet carefully . It contains important information about the camp.***

What is PANDA²?

PANDA² (Prevent and Neutralize Drug and Alcohol Abuse), designed after the Ohio Teen Institute, is a peer leadership program that educates young people about the effects of **alcohol and other drug abuse, peer pressure, decision making, conflict resolution, and self esteem** through fun and interactive activities. PANDA² assists the participants in developing healthy life skills while teaching effective prevention programming skills to implement in their schools and communities. In addition, county-wide PANDA² activities such as lock-ins, field trips, skating parties, swim parties and dances take place throughout the year.

General PANDA² Junior Camp Information

- Camp will be held at Camp Muskingum in Carrollton, Ohio, November 6-8, 2009.
- The cost is \$125.00* for student participants and PANDA²-ADVISORS-IN-TRAINING (PAIT). This includes transportation, food, lodging, and supplies.
- There is no fee for Adult Staff.
- Prevention Specialists from *Prevention Partners Plus*, teachers, and other adults from various community agencies staff PANDA² CAMP, as well as trained Youth Staff (high school students).
- Student participants will return to their schools with a resource notebook, an "Action Plan", leadership material, and lots of ideas for planning and implementing drug-free programming.
- **Participant and PAIT Applications are due: Friday, October 23, 2009**
- **Adult Applications are due: Friday, October 16, 2009**

Completed applications can be mailed or faxed to:

Prevention Partners Plus
Attn: Beth Bonish
550 W. Chalmers Ave
Youngstown, Ohio 44511

Fax : 330-743-6672

Student Participants Are Eligible If . . .

- **YOU LIKE TO HAVE FUN!!!**
- You are a student in 7th or 8th grade.
- You have a GPA of C or better.
- You are committed to staying drug and alcohol-free.
- You have a positive attitude.
- You are able to attend an **ORIENTATION SESSION** on:

November 2, 2009 @ 7:00 p.m.

Boardman Center Middle School Auditorium

PANDA²-Advocate-In-Training (PAIT)

The PAIT program is the “adult track” for teachers, parents, volunteers, counselors, or any adult 18 years and older committed to youth leadership, community service, and violence, alcohol, tobacco, and other drug prevention. Some of the learning takes place “in the classroom”, but much of it is hands-on. Adults will learn the basics of prevention education, group facilitation, community networking, and other tools to assist in advising peer prevention groups at schools, and community or faith-based organizations.

You will have loads of fun!

➤ PAIT Application Deadline: Friday, October 23, 2009◀

Cost: \$125/person (includes meals, lodging and transportation)

Adult Staff

Have you demonstrated a commitment to prevention, and enjoy young people ? Do you have experience with facilitating groups? Do you like to have fun? If you answered “yes” to any of these questions, you should apply for Adult Staff.

➤Adult Staff Application deadline: Friday, October 16, 2009◀

Cost: \$0 for Adult Staff

For more info contact Beth Bonish at 330-743-6671 ext. 107

What You Need To Know

Sleeping Arrangements: Camp Muskingum has cabin-like facilities. The girls will sleep in one cabin with female staff and the boys will sleep in another cabin with the male staff.

What to Bring to Camp:

- ☺ **Warm clothes-** Including extra socks, gloves, hat & boots
- ☺ **Bedding/Linen-** Towels, washcloth, sheets, pillow, blanket or a sleeping bag
- ☺ **Toiletries-**toothbrush, toothpaste, deodorant, soap, etc.
- ☺ **Alarm Clock & Flashlight** (You really need a flashlight)
- ☺ **All meals are provided-**bring **change** for the vending machines
- ☺ **Umbrella, Backpack, & Camera (optional)**
- ☺ **Calling Card-**cell phones will **NOT** work in the area.

☎ **Parents will be given an emergency number for the camp** ☎

DO NOT BRING..

- ⊗ **A BAD ATTITUDE**
- ⊗ **Anything that implies violence, drugs, or gang activity**
- ⊗ **Candles, lighters, matches**
- ⊗ **Alcohol, tobacco, or other drugs**
- ⊗ **Firearms or weapons**
- ⊗ **Inappropriate clothing:** skirts, shorts, or shirts that are too tight, too short, expose your navel or other parts that should remain covered ; nothing that implies sexual, drug, or violent innuendo; pants that expose undergarments
- ⊗ **Cell phones & Pagers**

O.K., But . . .

Headphones, radios and MP3 players: must be left in your room unless permission from your group leader is given for group use.

Expectations

We want everyone to experience a **Safe, Fun & Productive** environment. We expect :

- * Participants will attend and actively participate in all of the scheduled events and activities throughout the camp
- * Be courteous and respect the rights & belongings of others
- * Maintain the grounds and facilities of our host, Camp Muskingum
- * Follow the Cabin rules
- * Maintain quiet time in cabins and after headcount and lights out
- * Lights Out time is 11:30 p.m. every night (you'll be exhausted)
- * Don't leave your cabin until 6:00 a.m. the next morning unless accompanied by a staff member
- * Don't enter cabins of the opposite sex, except if scheduled by Family Group meetings or workshops
- * No alcohol, tobacco, or other non-prescribed drugs
- * All medications will be distributed by the nurse on staff
- * Do not engage in physical contact, activity (connoting), or sexual intimacy with other participants/staff
- * Wear a name tag at all times to ensure appropriate identification and to gain admission to meals and activities
- * **DO NOT LEAVE CAMP** without the permission of **Beth Bonish, the PANDA² Coordinator, or an authorized staff member**
- * Comply with all other rules determined by the PANDA² Junior administration as necessary for the successful conduct of the program.

Application

PANDA² Junior Camp—November 6-8, 2009 (330) 743-6671- FAX# (330)743-6672
Beth Bonish, PANDA² Coordinator

Student Applicants must return the following forms:

1. **The Application** (please remember to have a parent, school, or community partner sign the bottom of this page for the acceptance of financial responsibility)
2. **Faculty/Advisor Reference Letter**
3. **Medical and Liability Form**

PAIT and ADULT STAFF must return the following forms:

1. **Application**
 2. **Medical and Liability Form**
- ** (Adult staff must also return "Adult staff only" page)

I am applying as : STUDENT PAIT ADULT STAFF

NAME: _____

SCHOOL/AGENCY: _____

HOME/BUSINESS PHONE: _____ CELL: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ GRADE: _____ AGE (Student Only): _____ GENDER: M F

I am, or have been, involved with the following school or community group(s):

T-shirt Size: M L XL 2XL 3XL

To be completed by Student & PAIT Participant Only

Deadline: Friday, October 23, 2009

I want to attend PANDA Camp. . . _____

Learning more about the following skills will help me improve as a leader/advocate: _____

The parent, school, community agency, or faith-based organization signed below **accepts financial responsibility** for the student to attend PANDA² Junior Camp. Payment is either attached, or an invoice will be sent immediately following camp.

School/Agency/Faith-Based Organization _____

Signature _____ Position _____ Date _____

PANDA² JUNIOR CAMP-APRIL 17-19, 2009 - (330) 743-6671 - FAX# 330-743-6672
Beth Bonish, PANDA² Coordinator
Prevention Partners Plus
550 West Chalmers Ave. Youngstown, Ohio 44511

To be completed by **Adult Staff Applicant Only**
Deadline: October 16, 2009

I am interested in . . .

Being a Family Group Facilitator/Co-Facilitator Nurse Care Team (License/Credential Required)

Riding the Bus w/students Participating in the Talent Show Other _____

Presenting a workshop session. Title/Description _____

Supplies/AV Requested: _____

Previous PANDA², Teen Institute, or similar experience _____



Please mail or fax completed PANDA2 Applications to :

Prevention Partners Plus
Attn: Beth Bonish
550 W. Chalmers Ave.
Youngstown, Ohio 44511

Fax: 330-743-6672

Medical and Liability Form

Questions? Contact Beth Bonish, PANDA² Coordinator(330) 743-6671 - FAX# 330-743-6672
Prevention Partners Plus
550 West Chalmers Ave. Youngstown, Ohio 44511

STUDENT NAME _____ SCHOOL _____

A. FAMILY PHYSICIAN

Name: _____

Phone: _____

Address: _____

B. Parent/Guardian

Name: _____

Phone: _____ Cell: _____

Address: _____

Employer: _____

Work: _____

Phone: _____

C. In Case of Emergency Please Contact

Name: _____

Phone: _____

Relationship: _____

If I, nor the individual named in Emergency Contact cannot be reached I authorize medical and/or hospital care and treatment deemed necessary by a duly licensed physician for the health and well being of said individual, and authorize transportation of said participant to the necessary medical facility to receive required medical services.

**IF YOU DO NOT WANT YOUR CHILD'S PICTURE
USED FOR PROMOTIONAL OR OTHER PURPOSES
PLEASE CHECK HERE**

D. HEALTH PROBLEM

Are you currently being treated for any medical condition? Yes No

If YES, Explain: _____

Allergies & Specific Reaction _____

Epilepsy Heart Condition Diabetes

Other _____

E. MEDICATION CURRENTLY TAKEN

(INCLUDING PRESCRIPTION, AS WELL AS, OVER - THE -COUNTER)

F. INSURANCE COMPANY

Name: _____

Policy Number: _____

Phone: _____

Address: _____

**PLEASE MARK IF YOUR CHILD IS NOT ALLOWED TO TAKE
THE FOLLOWING OVER THE COUNTER MEDICATION:**

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> BENYADRYL | <input type="checkbox"/> TYLENOL |
| <input type="checkbox"/> ASPRIN | <input type="checkbox"/> IBUPROFEN |
| <input type="checkbox"/> ANTACIDS | |

As the Parent/Guardian of this applicant, I understand that my son/daughter has been chosen to participate in PANDA² JuniorCamp BECAUSE S/HE HAS DISPLAYED POSITIVE LEADERSHIP ABILITY. I understand that I may be asked to pick up my child from Camp Muskingum if it becomes inappropriate for him/her to stay.

I hereby release Meridian Services/Prevention Partners Plus and Camp Muskingum from all liability resulting from accidents or injuries sustained by transportation to a medical facility provided for, and by medical treatment administered to the above named participant while participating in the PANDA² Junior Camp Program, Camp Muskingum, November 6-8, 2009

Parent Signature _____ Date _____