

Camp Guggenheim Teen Vision 2010 Application

Name: _____
(Last) (First) (MI)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) - _____ Date of Birth: ____/____/____ Age: ____
month day year during camp

Suggestions on the best time(s) to reach you by phone: _____

Name(s) of Parents/Guardians that you reside with: _____

Email: _____ Name of School: _____

Cost: \$275 per two week session

Which session of Teen Vision would you be able to attend?

- Teen Vision Training Session - 6/20 - 6/25 (Mandatory Training Session)
- Teen Vision Session A - 7/11-7/16
- Teen Vision Session B - 7/18-7/23

Do you have any preferences? _____

Teen Vision participants are also encouraged to attend 6th Week (8/1 - 8/6). If you are interesting in doing so, please register for 6th week using the traditional Guggenheim 2010 registration form!

6th Week fees must be paid in addition to the cost of Teen Vision.
Remember to register early!

Please write a letter expressing your interest in the Teen Vision program. Include why you would like to be part of Teen Vision and what you hope to get out of the experience. Please also answer the following questions to help us get to know you a little bit better. Feel free to attach additional sheets of paper to your application if necessary.

What parish do you belong to? _____

Pastor: _____

What do you like best about your parish?

Where are you already (or where would you most like to be), of service in your parish?

List experiences that you have had in Church, School and Community activities that will contribute to your ability to make a positive contribution to Camp Guggenheim as a Teen Vision participant:

Week/Year(s) That You've Previously Attended Camp Guggenheim_____

Year(s) that you have experienced Youth Summit OR Leadership Weekend(s):_____

List a few of your favorite camp memories:

Teen Vision will introduce you to all program areas at camp, and you'll also have an opportunity to lead some afternoon activities, with a staff member present to support you. Brainstorm a few afternoon activities that you think it would be really great for you (or someone else) to offer at Camp Guggenheim. Remember afternoon activities last for about an hour and 15 minutes each afternoon and they are offered to serve the special interests of the campers while offering staff members (and the Teen Vision team) a chance to share their individual gifts and talents.

Would you be available to share your experiences and skills learned during Teen Vision at events throughout the year if invited?

- Adventure Leadership Weekend at Camp Guggenheim
- Youth Alive and/or Youth Summit

Additional Information that you'd like us to consider when reviewing your application:

References (3)...Please include the names and addresses of people who are familiar with your ability to work with other teens and adults (other than your pastor).

	NAME	ADDRESS	PHONE#	POSITION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

YOUR SIGNATURE:_____ DATE:_____

Completed applications must be returned by April 12, 2010
Please mail form to:
Office of Youth Ministry
P.O. Box 369
Ogdensburg, NY 13669

Thanks for applying and for understanding that many more qualified teens are expected to apply for Teen Vision than we are able to accommodate in one summer!