

COLAGE Speak OUT Camp 2009
Application Form
Due Monday, September 21st, 2009

BASIC INFORMATION

Participant Name: _____ Birthdate _____
Month/Day/Year

Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Email: _____

Dietary Needs (allergies, restrictions, special needs): _____

Other special needs (allergies, ASL interpretation, wheelchair access, other):

How do you plan to travel to the Speak OUT Camp? Will you need ground transportation from Atlanta to the camp site?

DEMOGRAPHIC QUESTIONS

Tell us a little bit about your family and which of your parents is/are/were/was lesbian, gay, bisexual, transgender, and/or queer:

Sexual Orientation: _____

Gender Identity: _____ Preferred pronoun/s: _____

Race/Ethnicity: _____

EMERGENCY INFORMATION

NOTE: If you are under age 18, please provide contact information for at least one guardian/parent in this section. If you are over 18, please provide emergency contact information.

#1 Name: _____ Relationship to You: _____

Phone: _____ Email: _____

#2 Name: _____ Relationship to You: _____

Phone: _____ Email: _____

QUESTIONNAIRE Please use an attached piece of paper for your answers. Please limit each answer to 300 words or less.

1. Why are you interested in attending the COLAGE Speak OUT Camp? What do you hope to gain from the camp?
2. What is one issue that you are passionate about? How do you think that the COLAGE Speak OUT Camp would help you make change on this issue?
3. How do you think your participation in the camp will benefit you as a leader? How will you bring what you learn back to make change in your community?
4. Give one example of a leadership experience you have had (this could be academic, community, sports based, etc.):

OPTIONAL TRAVEL SCHOLARSHIP REQUEST

All accepted camp applicants will receive notice of their receipt of travel scholarship funds when they receive their camp acceptances. Additional paperwork and documentation will be required for advance or reimbursement of travel monies.

Amount of funds requested: _____

What will these funds pay for (EX. Plane ticket, train fare, gas)?

1. If you do not receive a travel scholarship will you still be able to attend the COLAGE Speak OUT Camp?

YES NO MAYBE **Please explain:**

2. Would you be interested in a partial travel scholarship?

YES NO MAYBE **Please explain:**

3. Is there anything you want us to know as we consider your request for a travel scholarship?

LIABILITY RELEASE *Required*

By signing below, I acknowledge and agree that my/my child's participation in the COLAGE Speak OUT Camp is voluntary and at my/our sole risk. In exchange for allowing me/my child to participate in the COLAGE Speak OUT Camp, I hereby release and discharge COLAGE and its directors, officers, employees, agents and volunteers from any claim, demand, injury, cost, liability, cause of action or suit of any kind of nature, whether resulting from or incident to my/my child's participation in COLAGE events. I waive any claim against these parties and agree not to sue or make any claims in any court, agency or other forum or proceeding against any of these parties in connection with the COLAGE Speak OUT Camp. I/We agree to abide by all rules, directions and conditions regarding participation in the COLAGE Speak OUT Camp that may be adopted by COLAGE or its agents.

I understand COLAGE will be taking photographs of participants during this event, and will not use my/my child's likeness for use in COLAGE Publications or outreach materials unless I provide permission as set forth below.

I acknowledge that I/we have read and understand this entire release and waiver, are fully aware of potential risks of our participation in the COLAGE Speak OUT Camp and are aware of the legal consequences for signing this document.

Participant signature: _____ Date: _____

Parent/Guardian Signature (if the participant is under 18 years of age):

_____ Date: _____

ADDITIONAL PHOTO/VIDEO PERMISSION *Optional*

COLAGE has permission to publish my likeness in COLAGE publications and outreach materials. COLAGE has permission to use video of me on the COLAGE Website and/or YouTube Channel. Selected photographs or video from the Camp may be released to the media.

Name (printed): _____

Signature: _____ Date: _____

Parent/Guardian Signature (if the participant is under 18 years of age):

_____ Date: _____

Application Deadline 9/21/09

Snail Mail: COLAGE
Attn: Meredith Fenton, Program Director
1550 Bryant Street, Suite 830
San Francisco, CA 94103

Fax: 415-255-8345

Email: Meredith@colage.org