

Wave Week 2010 Application

Villanova University • Villanova, PA. • July 18-23, 2010

Why Wave Week?

- *Participation at Wave Week can earn you up to 40 hours towards your school's Service-Learning or Community Service requirements*
- *Participation in Wave Week adds color and depth to a college application while giving you skills that you can apply to a job someday*
- *Spark the Wave® introduces you to the lessons in a unique peer-learning environment*
- *Enjoy a few days of fun away from home*
- *We have a long-standing tradition of personal growth and successful leadership at Wave Week*
- *All dorm rooms and meeting spaces are fully air-conditioned!*

Together, we will work on:

- *effective communication*
- *diversity awareness*
- *taking the leadership role in a group*
- *speaking so people will listen*
- *getting a group to work more efficiently*
- *increasing the impact that you and your group will make in your community*
- *motivating team members*
- *planning a great service project*
- *recognizing and improving upon personal strengths and weaknesses*
- *having the confidence to know that teens CAN and DO make a difference*



spark the wave[®]
IGNITING TEEN VOLUNTEERS

Our Mission: to empower youth through educational programs to be great volunteers and community leaders.

“Before the camp, I never really knew how I could help the people I see around me everyday. Now, because of the camp, I know how.”

“I learned so much that will help me become a better person for myself, others and my community.”

Dear Wave Week 2010 Applicant,

Thank you for your interest in STW's "Wave Week" program! The mission of Spark the Wave® is to empower youth through educational programs to be great volunteers and community leaders. You have received this application because someone believes that you are making a difference in your community through service or that you display the potential to become a key member of the next generation of volunteers and leaders for the community service world!

Spark the Wave® is a non-profit organization dedicated to helping teens like you take the lead and meet the needs of your community. What does all that mean? Well, we know that you have incredible power inside you to make a difference. We want to show you how to harness that power too so you can change the world through your service. To achieve this goal Spark the Wave® serves teens mainly from Virginia to New York through it's camps and after-school programs. After attending WW, you will be eligible to participate in our Service Mentoring program, in which our STW staff members will advise, coach and mentor you as you work on your future community service programs and projects (including one that that we will all plan together during WW!).

Wave Week is a 6-day overnight or day camp experience that takes place from July 18-23, 2010, on the campus of Villanova University in Villanova, PA. We have 2 Tracks at Wave Week: 7th-9th grade & 10th-11th grade (*grade during the 2009-10 school year*). You will meet, do activities, room and learn with other participants near your own age. The 2 tracks only meet for meals and large group activities. (*Note: Final groupings will be based on the numbers and ages of applicants.*)

Our staff, comprised of dedicated camp alumni (teens like you) and professional educators, has over 100 years of combined experience with youth programming and the camp is fully accredited by the American Camp Association. The Wave Week staff is a dedicated group made up almost entirely of volunteers (that is how we are able to keep the costs lower than comparable leadership-type camps), which includes high school and college students, who keep the lecturing to a minimum. We believe that people learn better through experience so we teach concepts using a range of small group activities, interactive sessions and discussions. Wave Week will develop your skills in areas such as communication, diversity awareness, group dynamics, team motivation, and volunteer event planning. The goal is to prepare service-minded teens like you to succeed as key volunteers and leaders in your schools, service organizations, and communities. Our staff has trained thousands of teens over the past 35 years and we are excited that an incredible young adult like you may be in our next group.

Feel free to contact us with any questions you may have. We look forward to seeing you at Wave Week 2010!

Warm regards,



William Gallagher, M.D.
President & Founder

Participant Profile

FIRST NAME

MIDDLE

LAST

PREFERRED NAME (FOR CAMP NAMETAG & OFFICIAL USE)

Age:

DOB:

Gender: F or M

T-Shirt Size: S M L XL XXL XXXL

Grade in School (*during the 2009-10 school year*): 7th 8th 9th 10th 11th

Name of School:

(We have 2 TRACKS at Wave Week: 7th-9th grade & 10th-11th grade. Final groupings based on numbers and ages of applicants.)

MAILING ADDRESS:

STREET

CITY

STATE

ZIP

HOME PHONE

YOUR CELL

YOUR EMAIL

Ethnic Background (*Providing this information is purely voluntary; information will be used only for statistical purposes*):

- African-American Native American Asian-American
 Caucasian Hispanic
 Other (*please specify*):

How Did You Hear About Us?

- Friend Newspaper Web Search
 Teacher/Counselor Street Sign TV/Radio
 Service Coordinator Mailing Camp Fair
 Current STW staff member/volunteer
 Other:

What is your local newspaper (So we can tell them how great you are)?

Directory Listing

Following Wave Week, many of the participants wish to remain in touch with each other through the Wave Week directory. **Please indicate** whether or not you wish for your name, address, e-mail and phone number to be in the directory **by checking either** (If you do not check one of the options below, your name will be excluded):

- YES! I do want to be listed in the camp directory.
 NO! I do not wish to be listed in the camp directory.

“THIS CAMP IS ONE OF THE BEST THINGS THAT HAS EVER HAPPENED TO ME.”

Community Involvement

Give a brief description of your community involvement using the chart below. (Lack of community service does not preclude acceptance to Wave Week).

Description of Service	Club or Organization	Hours per Week (estimate)	Supervisor

List any leadership positions held:

Recommendation

NOTE: If someone recommended you for Wave Week (i.e. the person who gave you this application), please ask them to complete this section. If you found Spark the Wave® and Wave Week on your own—great! Please ask your principal, teacher, guidance counselor, club advisor, or community service organization representative to complete this section for you.

I, the undersigned, nominate (name of participant) _____ to attend Wave Week. I believe s/he is of good character and will participate respectfully at Wave Week. I believe s/he would benefit from the Wave Week program and will make a difference in his/her community upon completion of the program.

SIGNATURE

DATE

NAME OF NOMINATOR

TITLE

RELATIONSHIP TO NOMINEE (SORRY, PARENTS AND/OR GUARDIANS CAN'T SIGN THIS SECTION)

NAME OF SCHOOL, SERVICE GROUP OR HOUSE OF WORSHIP THAT YOU REPRESENT

STREET ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

Thank you for taking the time to help this person complete their application!

Medical Information

Please fill out the following questions to the best of your knowledge. Please indicate "no" in each space if the participant has none of the conditions listed in that question.

1. Medications (Please include prescription and over-the-counter medications):

2. Allergies (Please include medications, bug bites/stings, food, etc.):

3. Medical conditions about which we should know (i.e. ADHD, asthma, diabetes, heart disease, recent surgery, congenital difficulties, past/present seizures, blindness, deafness, etc.):

4. In case of an emergency, we will take your child to a hospital for care. If you cannot be reached, are there any limitations on care for religious or personal reasons (e.g. no blood transfusions)? Please elaborate:

5. Date of last physical examination (We recommend that you have a physical examination within a year of attending Wave Week):

6. Are all immunizations up to date? (Please circle) Yes No

Medical Insurance Information

Note: No one will be excluded from participating in WAVE WEEK due to a lack of health insurance.

NAME OF INSURED (NAME ON THE CARD)

COMPANY OR PLAN

PHONE

ADDRESS

CITY

STATE

ZIP

POLICY #

GROUP #

Emergency Contact Information

PARENT/GUARDIAN

NAME

ADDRESS (if different from that listed on page 3)

HOME PHONE

CELL PHONE

WORK PHONE

EMPLOYER

E-MAIL

PARENT/GUARDIAN

NAME

ADDRESS (if different from that listed on page 3)

HOME PHONE

CELL PHONE

WORK PHONE

EMPLOYER

E-MAIL

ADDITIONAL EMERGENCY CONTACT INFORMATION:

If you (the parent/guardian) cannot be reached in the case of an emergency, please list **two** additional persons whom we can contact. If you (the parent/guardian) cannot be reached, this individual(s) may be asked to make medical decisions for your child on your behalf. The participant will also be allowed to return home with this individual, if necessary.

NAME

RELATIONSHIP TO PARTICIPANT

HOME PHONE

WORK PHONE

NAME

RELATIONSHIP TO PARTICIPANT

HOME PHONE

WORK PHONE

SPECIAL REQUESTS

We at Wave Week wish to make your stay with us a great one. If you have any religious, dietary, or other special needs please list them below. We will do everything in our power to make your requests happen. **(Please Note: Roommate requests are not encouraged.)**

Cost of Wave Week

- I am applying for the Overnight Camp
- I am applying for the Day Camp (Arrive after 8 AM. Pick up by 5:30 PM)
- I am applying for Extended Day Camp (Arrive after 8 AM. Pick up by 10 PM. Includes dinners and all nightly activities.)
- I am applying to be a Staff in Training (SIT). I was previously a participant at STW's camp in ____ (year).
NOTE: If you are applying to be an SIT, you must also complete the SIT Supplemental Application found on the STW website. Cost is \$499 per person and space is limited.
- I am applying as part of a group.
Name of group (or other individuals with which you are applying):

Please make checks payable to: Spark the Wave®. (There will be a \$75.00 non-refundable, processing fee if the applicant withdraws on or before June 20th, 2010. Refunds are not possible if the applicant withdraws after June 20th, 2010.)

Overnight Camp		
Group / Individual	Cost per person	If Post-Marked By...
Group of 3 or more	\$649.00	May 15, 2010
Group of 3 or more	\$699.00	June 30, 2010
Individual	\$699.00	May 15, 2010
Individual	\$799.00	June 30, 2010
Regular Day Camp		
Group/Individual	Cost per person	If Post-Marked by...
Group of 3 or more	\$300.00	May 15, 2010
Group of 3 or more	\$375.00	June 30, 2010
Individual	\$375.00	May 15, 2010
Individual	\$424.00	June 30, 2010

NOTE: When applying for the Extended Day Camp, there is an additional charge of \$100.00 (added to the above cost). This fee covers your dinners and nightly activities (volleyball tourney, WW social, dance and talent show).

Spark the Wave® Donation

Spark the Wave® is a tax-exempt, non-profit organization (to learn more, look us up on www.guidestar.org) that wants to empower teens to be great volunteers and community leaders. Our organization depends on donations to help defray the cost of Wave Week. Your donation will help to ensure that our programs reach every worthy teen that wishes to improve his/her service skills. **Remember that any amount greater than that of the tuition to Wave Week (listed above) will be considered a tax-deductible contribution.** (Ex. \$650.00 for tuition, plus a gift of \$50.00 would give you a total of \$700.00. \$50.00 of that total will be tax-deductible!)

- I would like to make a donation of \$ _____ to Spark the Wave®.
(Please add this amount to the tuition cost listed above and mail it along with your application form to the address listed above.)

THANK YOU. We truly appreciate your support!!!

STW is doing everything possible to keep our prices reasonable. The Wave Week staff is a dedicated group who believes in service as much as you do—they are almost all Wave Week alumni volunteers! That's how we're able to keep the costs lower than comparable leadership camps and still provide you with an amazing week.

Payment

To apply, complete all sections of the Wave Week Application Form. Mail the completed Application Form, along with a check (if not applying for a scholarship*), to:

Spark the Wave®
P.O. Box 41807
Philadelphia, PA 19101

**Note: Spark the Wave® has a few full and partial scholarships available to defray the costs for individuals who would not otherwise be able to attend. You can download a Scholarship Application Form from our website www.sparkthewave.org or contact us and we will send you the form via mail, fax or e-mail. (Please send a check, as directed on the Scholarship Application Form, along with both application forms when applying.)*

- I have enclosed my Scholarship Application Form along with my Wave Week Application.
- I am receiving a scholarship from

(name of group or individual).
I have included that payment with this application or understand that this payment must be received by Spark the Wave® prior to June 30th, 2010.

After you send in your application and are accepted to the program, you will receive an acceptance packet. In it you will find a checklist of what you need to bring to Wave Week, a contact information sheet, and a schedule for Wave Week.

“It moved me, taught me, and inspired me beyond belief.”



P.O. Box 41807
Philadelphia, PA 19101
FAX 202.686.6666
surfsup@sparkthewave.org
www.sparkthewave.org



Participant Agreement and Parental (Guardian) Wavier/Consent

I, the undersigned, give my permission for the below named youth to attend Wave Week 2010 at Villanova University, Villanova, PA, from July 18th to July 23rd, 2010. In the event of an emergency, if neither parent/guardian nor the person(s) on emergency contact section can be reached, I hereby authorize the Wave Week Director, Wave Week Adult Staff, and/or hospital doctors/personnel (if participant needs hospital care) to take any action deemed necessary for the best interests of the below named youth for whom I am responsible.

I, the undersigned, know that participation in certain activities of Wave Week could be potentially hazardous. I will not participate in any activities of Wave Week unless physically able. I certify that my physical condition will enable me to participate in Wave Week. Further, I agree to abide by any decision of the staff relative to my ability to participate in any activity of Wave Week.

I, the undersigned, give my permission for my daughter/son to administer his/her own prescription and/or non-prescription medication that he/she will bring to Wave Week. I understand that the Wave Week staff will not be responsible for dispensing, tracking or administering these medications.

I, the undersigned, hereby agree to abide by the rules and regulations of Wave Week and elect to participate in Wave Week at my own risk, and in consideration for being allowed to participate in Wave Week, I do hereby release and discharge Spark the Wave®, its assignees, officers, agents, employees, and officials from any and all liability (including, without limitation, personal injury and property damage) that may be incurred by me (or my minor child) as a result of participation in Wave Week, except where the same is caused by the willful misconduct of Spark the Wave®.

I, the undersigned, grant unlimited permission to Spark the Wave®, its nominees, agents, and assigns to use, publish, and republish for purposes of advertising and trade and for such as it may determine, information and reproductions of my likeness (photographic or otherwise) and my voice related to my involvement with Wave Week, with or without identification of me by name.

I, the undersigned participant, intend to assume an active role in my local community, school or organization and to work towards greater involvement of other youth in meaningful community service. I pledge to perform at least 50 hours of community service over the next year for Spark the Wave® or another service organization after the completion of Wave Week.

I, the undersigned, understand that participants at Wave Week will leave campus for service projects and other educational activities.

I, the undersigned, pledge that all of the information on this application form is true and correct to the best of my knowledge. I understand that if this information is found to be untrue, that I will be removed from the application process and/or from participation in Wave Week.

Participant Name: _____

Participant Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Questions? Go to the Info for Parents button in the Wave Week section of www.sparkthewave.org or contact Richard Fernandes (Director of Operations) at 267.784.4235 or Richard@sparkthewave.org.