



Camp IVEY Youth Board

What is Camp I.V.E.Y? Camp I.V.E.Y is a Family YMCA camp for children ages 10-21 with developmental delays and disabilities. Camp I.V.E.Y' s mission is to promote communication, develop self-care skills and coordination, and create life-long memories through outdoor education and recreational fun in a safe, supportive environment at beautiful Camp Lakeside in Lincolnton, GA.

Here's where you come in!

Camp I.V.E.Y (Inspiring Very Exceptional Youth) is seeking rising 9th through 12th graders who have:

- A desire to get to know other students who may have a different set of abilities
- A love for the camp experience and want to share that with others
- A desire to promote Camp I.V.E.Y within your community
- A commitment to meet monthly or every other month to contribute and discuss your ideas or participate in an event for the advancement and success of Camp I.V.E.Y
- The opportunity to attend camp week upon completion of the youth board program

What's next? There are 3 steps remaining:

1. Complete Camp IVEY Youth Board Application due Dec. 1st
2. Have TWO adults who know you fill out the recommendation form. If you are a returning youth board member, the recommendations are not required for your application.
3. Please scan and email applications/ references to campivey@thefamilyy.org.

Chosen applicants will be notified by Dec.15th.

****Camp IVEY Youth Board Dues: \$25 (includes t-shirt)****

The first Camp IVEY Youth Board meeting will be held on the second Sunday of January at 3 pm at the Wilson Y conference room. **The first meeting will be for parents/guardians and youth board members.**

Meetings are typically on Sunday afternoons January-May at Wilson Family Y and the annual schedule of meetings will be discussed at the first meeting.

Camp IVEY Youth Board Application

Applicant Information:

| | |
|-----------------------|--|
| Name | |
| Street Address | |
| City/ State/ Zip Code | |
| Cell Phone Number | |
| Email Address | |
| Grade for 2022/23 | |
| Age | |
| School | |
| T-shirt Size | |

Parent/ Guardian Information:

| | |
|-----------------------|--|
| Name | |
| Relationship | |
| Street Address | |
| City/ State/ Zip Code | |
| Phone Number | |
| Email Address | |

Emergency Information:

| | |
|---------------------------------------|--|
| Emergency Contact | |
| Contact Phone Number | |
| Special Medical Conditions/ Allergies | |
| Healthcare Provider Name | |
| Healthcare Provider Phone | |

Interests/ Extracurricular Activities:

Tell us about any interests or extracurricular activities in which you are involved:

Tell us about any hobbies you enjoy:

Tell us about any skills or talents you have to offer that you would like to showcase on the Camp IVEY Youth Board:

Why do you want to be a part of Camp IVEY?

How did you hear about Camp IVEY and the Youth Board?

Agreement and Signature:

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a Camp IVEY Youth Board member any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name: _____

Signature: _____

Date: _____



Camp IVEY Youth Board Recommendation

Applicant Information (to be filled out by applicant):

| | |
|-----------------------|--|
| Name | |
| Street Address | |
| City/ State/ Zip Code | |
| Cell Phone Number | |
| Email Address | |
| Grade for 2023/24 | |
| Age | |
| School | |

Youth Board Recommendation (to be filled out by the person recommending the applicant):

| | |
|---------------------------------------|--|
| Name | |
| Employment | |
| Title | |
| Relationship to the applicant | |
| Length of relationship with applicant | |
| Phone number | |
| Email address | |

Please tell us why you would recommend this student to represent Camp IVEY as a member of the Youth Board:

What are the first words that come to mind to describe the applicant?

Please tell us about any skills or talents that the applicant possesses that would be beneficial to the Camp IVEY Youth Board:

Are there any concerns or hesitations you have about recommending this student?

Signature: _____ Date: _____

Name (printed): _____



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Applicant Information (to be filled out by applicant):

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| Name | |
| Street Address | |
| City/ State/ Zip Code | |
| Cell Phone Number | |
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Signature: _____ Date: _____

Name (printed): _____