

# **WALK IN FREEDOM!**

## **D.O.V.E. 2019 TEEN LEADERSHIP RETREAT**

**If you want to...**

- ... learn more about using your talents & strengths**
  - ... know more about being a leader**
  - ... learn more about God & who He says you are**
  - ... have fun with old friends & new**
- ... THEN THIS RETREAT IS FOR YOU!!**

**WHEN:** Sept. 27-29, 2019 (Fri. 6pm - Sun. 1pm)

**FOR:** Deaf teens & CODAs (rising 8th graders thru Seniors in H.S.)

**LOCATION:** Camp Mikell 237 Camp Mikell Ct. Toccoa, GA 30577

**COST:** \$250

**APPLY:** use the online application link below or request a paper application at [veathens@gmail.com](mailto:veathens@gmail.com)

**APPLICATION DEADLINE:** August 15, 2019

**ENROLLMENT IS LIMITED** - Final selection will be based upon applicant's required short essay, video, or interview stating why he/she wants to attend this leadership retreat.



# D.O.V.E. 2019 TEEN LEADERSHIP RETREAT APPLICATION

**Cost:** \$250      **Dates:** Sept. 27-29, 2019 (Fri. 6:00 pm thru Sun. 1:00 pm)  
**For:** Deaf teens and CODAs who are rising 8th graders thru Seniors in high school  
**Location:** Camp Mikell    237 Camp Mikell Court    Toccoa, Georgia 30577

## APPLICANT INFORMATION:

Full Name: \_\_\_\_\_ Preferred Name for Name Tag: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age at Retreat: \_\_\_\_ Grade (2019-2020 school year): \_\_\_\_ Gender: M F

Hearing Status:  Deaf  HOH  Hearing      Communication Mode(s):  Sign Language  Speech

CODA: Yes No    Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Assisted Listening Device Used:  Cochlear Implant(s)  Hearing Aid(s)  None Other: \_\_\_\_\_

Race / Ethnicity:    African American    Asian    Caucasian/White

Native American    Hispanic    Multi-Racial     Other: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Circle T-Shirt Size:    YOUTH    S    M    L    ADULT    S    M    L    XL    XXL

## PARENTS / GUARDIANS INFORMATION:

Parent/Guardian #1 Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Email: \_\_\_\_\_

Best # to be reached \_\_\_\_\_ (voice/text/both) Other # \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Email: \_\_\_\_\_

Best # to be reached \_\_\_\_\_ (voice/text/both) Other # \_\_\_\_\_

## EMERGENCY CONTACTS: People to contact in case of emergency if parents cannot be reached:

1. Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

How did you hear about the DOVE Teen Retreat? \_\_\_\_\_

Application Deadline: August 15, 2019 (mail or email this completed form - see addresses below)  
Applicants will be notified by Sept. 1 if their application has been accepted. At the time of acceptance, a \$50 deposit must be made to hold your spot. Remaining balance of \$200 will be due by Friday, Sept. 20 unless other arrangements are made with Tammy Bowman, 706-296-8876 (voice/text), veathens@gmail.com.  
Payments can be made on the website with a credit card or Paypal by clicking on the "Make a Payment" link; by using the Cash App to \$DOVE1998; or by mailing a check or money order to:  
DOVE P.O. Box 80491 Athens, GA 30608      Make check or money order payable to DOVE.  
**ENROLLMENT IS LIMITED - FINAL SELECTION WILL BE BASED UPON APPLICANT'S REQUIRED SHORT ESSAY, VIDEO, OR INTERVIEW STATING WHY HE/SHE WANTS TO ATTEND THIS LEADERSHIP RETREAT.**

Participant's Name: \_\_\_\_\_

**MEDICAL INFORMATION:**

List any activities in which, medically, you SHOULD NOT participate.

\_\_\_\_\_

List any food or drug allergies?

\_\_\_\_\_

Medical Problems (check all that apply that have been diagnosed by a physician):

- ADD    ADHD    Arthritis    Asthma    Bed Wetting    Blood Pressure Problems
- Bronchitis    Contact Lenses    Convulsions    Depression    Diabetes    Ear Infections
- Epilepsy    Fainting    Frequent Colds    Frequent Headaches    Frequent Sore Throat
- Heart Trouble    Kidney Trouble    Lung Problems    Sensitive Skin    Sinusitis
- Sleep Walking    Stress/Anxiety    Stomach Upset    None
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION RECORD (check one):**

- I am current with all of my immunizations.
- I am NOT current with all immunizations. Explain: \_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOU:**

\_\_\_\_\_

**THIS APPLICATION REQUIRES SUBMISSION OF AN ESSAY, VIDEO, OR INTERVIEW EXPLAINING WHY YOU WOULD LIKE TO BE SELECTED FOR THIS TEEN LEADERSHIP RETREAT. SELECT WHAT FORMAT YOU WILL YOU USE:**

- Written essay of 100 words or less submitted via email to [veathens@gmail.com](mailto:veathens@gmail.com)
- Video submission sent to [veathens@gmail.com](mailto:veathens@gmail.com)
- I would like a phone interview. Use this phone number to contact me: \_\_\_\_\_

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