



Camp POSTCARD

COLORADO BRANCH

Instructions on how to complete the form below:

- 1) Contact the individual's parents or guardians that you want to nominate to see if this is a camp experience they want their child to participate in.
- 2) Make sure the dates work (June 26th – July 1st 2016) and the parents/guardians are comfortable with their child participating in the following activities under adult supervision: hiking & archery
- 3) Remind them that this is an overnight camp and their child will stay on site the entire time. All campers are not allowed to have cellphones on site only adults have cell phones at camp.
- 4) Complete the nomination form as accurately as possible.
- 5) SIGN & PRINT your name as the nominator on the last page.
- 6) **Deadline is May 4th by 5pm to turn in forms. We will randomly choose our 72 campers and notify the nominators in May.**
- 7) **NO** Parent is allowed to nominate their child. No children can participate that have been in any juvenile detention center.
- 8) **Eligible Students:** 11 or 12 years old by Sept. 30 2016, current Denver County or City of Denver address, did not participate in Camp POSTCARD in a prior year.



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Nomination Form

Volunteers of America/Denver Police Department

Summer Camp June 26 – July 1, 2016

Estes Park CO, YMCA of the Rockies

When nominating a youth please share with the family that you are doing so. Tell them about this opportunity and use the family or guardian’s knowledge to best answer all of the following information.

Name _____ Date of Birth ____/____/____

Address _____ Telephone # _____

City _____, Colorado Zip Code _____

Male _____ Female _____

Parent(s)/Legal Guardian(s) _____

Parent(s) Contact # _____

School Attending _____ Grade _____

School Principal _____ School Advisor _____

Completed by Camp POSTCARD STAFF

Peace Officer _____ Badge # _____

District ____ Officer’s Telephone Number (must be able to reach you) _____

Please answer the following questions about the youth you are recommending for Camp POSTCARD to the best of your ability please try to not leave any questions unanswered.

- 1) Has the youth ever experienced homelessness within the past 3 years? ____ (YES) ____ (NO)
- 2) Is the legal guardianship of the youth non-biological or a relative? ____ (YES) ____ (NO)
- 3) Is English the youth’s primary communication language? ____ (YES) ____ (NO)
- 4) Does the youth have only one parent living in the household? ____ (YES) ____ (NO)



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5) Is the youth considered a refugee or from guardians who were refugees? __ (YES) __ (NO)

6) Does the family supporting the youth have income below the 100% Federal Poverty Level? __ (YES) __ (NO) Guideline can be found at the following link for 2015 FPL <https://aspe.hhs.gov/2015-poverty-guidelines>

7) Does the family supporting the youth receive TANF or SSI? __ (YES) __ (NO)

8) Has the youth been in Out of School Suspension in the last year? __ (YES) __ (NO)

I am signing this form as the nominator that all of the questions and information above were completed to the best of my ability and answered honestly.

Signature of Nominator

Printed First & Last Name of Nominator

Why did you nominate this person? Why would this person benefit from our camp?

Lined area for providing reasons for nomination.