



LEVEL I Retreat Application

RETREAT DATE:	June 18 – 24, 2018 (Wed arrival - Sunday departure)
AGE RANGE (at the time of retreat):	14 - 18 Years of Age
RETREAT LOCATION:	Wolfeboro, New Hampshire
APPLICATION DUE:	April 20th, 2018
RETREAT COST:	\$4,500 per participant is paid by Angel Faces donors
APPLICATION FEE:	\$100 due at time of application
TRANSPORTATION:	A limited number of airfare scholarships are available. We encourage applicants to seek a sponsor: Hospital, Burn Foundation, and Firefighter Association or to hold a fundraiser. See Dana for details.

All new applications must include a “Letter of Recommendation” from a medical professional.

The Level I retreat offers pivotal personal attention, therefore, we only accept 20 girls per retreat. Priority is given to girls who have never attended previous retreats. Past participants are welcome to apply; acceptance is based on their need and space available.

Angel Faces Level I retreat teaches girls how to increase self-confidence and self-image, while embracing their trauma and related disfigurement. Licensed therapists lead sessions on trauma, grief and loss issues followed by methods to facilitate emotional healing. The also girls participate in art, journaling and verbal expression. They learn positive self-image through fun sessions on how to handle stares, unwanted questions, while establishing crucial boundaries. Girls also participate in goal setting exercises, yoga, and lake play (Standup paddle, swimming). Private consultations with clinical corrective cosmetic professionals are also offered for their specific needs.

The Angel Faces nonprofit organization is led by Lesia S. Cartelli, who endured a serious burn injury as a child. It is supported by staff members, licensed psychologists and a dedicated volunteer team of professionals. Pre/Post test results show that attendees to Angel Faces retreats experience favorable psychosocial adjustments: Increase in hope; decrease in depressive symptoms; and increase in quality of life. A poster summarizing the 2017 research findings won awards at the American Burn Association conference.

Must complete the following:

- Submit the completed application online
- Include a recent headshot (via email to dana@angelfaces.com)
- Submit application fee of \$100 (check via mail or website PayPal)

We look forward to receiving your application!

Sincerely,

Angel Faces Team

Lesia Cartelli
CEO/Founder

Dana Kuhn
Program Manager

Ashley Sammons
Administrative Assistant



LEVEL I Retreat Application

You can fill this form out electronically in MS Word; move to the different fields by hitting the "tab" key on your keyboard.
USE AS MUCH SPACE AS YOU NEED FOR YOUR ANSWERS. The field will adjust.

Participant's Name:	
Participant's Age (at the time of the retreat):	
Name of referring Health Care Provider:	
Participant's Primary Phone:	
Participant's Email:	
How many times Has your child attended an Angel Faces retreat?	Level I: Years Attended:

Application Checklist

- Letter of Recommendation from a medical professional
- Complete and sign application (including consent form and contract)
 - \$100 Application Fee
 - Current close-up photo, no make-up

Return before March 1, 2018 to:

Angel Faces
2235 Encinitas Blvd #107b
Encinitas CA 92024
Or email to: dana@angelfaces.com

Office Use Only

Date Received in office ___/___/___ Photo Received? Yes___ No___

Signed by Parent/Guardian _____ Letter of Recommendation _____

Accepted Yes _____ No _____ Prior Participant? Yes _____ No _____

Payment Received Yes___ No_____

Part One: Participant Application

Parent/Guardian Full Name:		Parent/Guardian Full Name:	
Cell Phone:		Home Phone:	
Primary Email:			
Home Address:		City, State, Zip	
Name of your Employer: <i>(optional)</i>		Position/Title: <i>(optional)</i>	
Employer's Address: <i>(optional)</i>		Employer's Phone Number: <i>(optional)</i>	
Does this employer match employee donations to nonprofits?			
Marital Status		How many siblings?	
Name and ages of siblings?			

Emergency Contact

Name of Emergency Contact:		Relationship:	
Primary Phone Number:		Cell Phone:	
Name of Emergency Contact:		Relationship:	
Primary Phone Number:		Cell Phone:	

Health Status	
How would you describe your child's overall health?	
Does your child have any medical or mental health issues? <i>If "Yes," please use the chart below to describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any recurrent medical conditions such as allergies or asthma? <i>If "Yes," please use the chart below to describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any vision or hearing limitations? <i>If "Yes," please use the chart below to describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your child be in bandages during the 2018 retreat? <i>If "Yes," please use the chart below to describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your child be in splints or pressure garments during the 2018 retreat? <i>If "Yes," please use the chart below to describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have prosthetic features? <i>If "Yes," please use the chart below to describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child currently using prescription medication? <i>If "Yes," please use the chart below to describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child taking your medication as prescribed? <i>If "No," please use the chart below to describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child received reconstructive surgery in the past 6-months? <i>If "Yes," please use the chart below to describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have a pending surgery planned for the next 6-months? <i>If "Yes," please use the chart below to describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently legal action pending regarding your child's injury, trauma or abuse? <i>If "Yes," please explain here:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any depositions pending? <i>If "Yes," please explain here:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child currently receiving mental health counseling? <i>If "Yes," please use the chart below to describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “Yes” to any of the above questions, please use the chart below to list current medical conditions, health issues and/or limitations:

Medical Condition	When Will your child receive treatment?	Type of Provider <i>(ex: Physical Therapist, Psychologist, Surgeon, Acupuncture)</i>	Does this condition cause stress or impairment now?	What Has your child found that helps?

Please list medication (including psychotropic, over-the-counter, herbal remedies) that your child is currently taking

Medication	Dosage	Frequency	Prescribed by	Reason for medication?

Health Status cont'd

How old were you when you attended your first Angel Faces retreat(s)?	
How many years (or months) after your injuries did you first attend?	
What did you gain from your last retreat?	
How did this experience impact you?	
Have you noticed a difference in your child in how they handle facial/body difference socially since they've attended an Angel Faces retreat? <i>If "Yes," please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
What social limitations does your child have (if any)? <i>Example: shy, distracted, etc.</i>	
What is your child's strengths?	
What resources does your child have to help you with any current issues?	
What experiences (past & present) will help your child in improving their current situation?	
What Is your child (and your family) already doing to improve your current situation?	
As a parent/guardian, who can you count on for support? <i>(please check as many that apply to you)</i>	
<input type="checkbox"/> Parent(s) <input type="checkbox"/> Therapist <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Extended Family <input type="checkbox"/> Friend(s) <input type="checkbox"/> Neighbor	
<input type="checkbox"/> Church <input type="checkbox"/> Foundation <input type="checkbox"/> School <input type="checkbox"/> Support Group <input type="checkbox"/> Partner <input type="checkbox"/> Doctor	
<input type="checkbox"/> Community <input type="checkbox"/> Other:	

History	
Please explain in detail how your child was injured.	
Did the injury result from abuse? The more we know about the circumstances in the incident, the better we can assist her. <i>(add additional sheet if necessary)</i>	
What was the date of injury (month/date/year)?	
How old was your child when she was injured?	
What hospital or burn center was your child treated?	
Has your child received constructive surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," when was the last surgery? This includes laser for scars?</i>	
What percentage of your child's body was burned?	
What areas of her body were affected by the burn/trauma?	
How did your child handle the injury and treatment emotionally?	
Has her behavior changed over time? <i>(use as much space as you need)</i>	
Have siblings been affected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," please explain:</i>	
Is there anything else that you would like to add that would be good for us to be aware of?	

*Thank you for taking the time to answer Part One of our application.
Please allow your child to complete Part Two of our application.*

Please take the time to sit quietly and share with us “who you really are.”

Your answers are important to us as we want to ensure we provide you with a safe and supportive environment at our retreat.

Please know that your answers are confidential.

Part Two: About You

Give specific reasons why you want to come (or return) to Angel Faces Level I.

After looking at the Angel Faces website and/or brochures about our retreat, which topics do you want more information on?

What do you find to be the hardest part of living with your injuries or looking different?

Check as many as apply:

- | | | | |
|---|--|----------------------------------|---|
| <input type="checkbox"/> Questions from random people | <input type="checkbox"/> Dating | <input type="checkbox"/> Make-up | <input type="checkbox"/> Reaction from children |
| <input type="checkbox"/> Family response/reactions | <input type="checkbox"/> Talking to boys | <input type="checkbox"/> Teasing | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Making conversations | <input type="checkbox"/> Socializing | <input type="checkbox"/> Stares | <input type="checkbox"/> Other |

Give us a few examples or situations where you felt uncomfortable:

What % of time each day Does your child do the following?

- | | | | |
|---------------------------------|-------|-------------------------|-------|
| % of time on electronic devices | _____ | %of time with family | _____ |
| % of time on social media | _____ | % of time with friends | _____ |
| % of time studying | _____ | % of time reading | _____ |
| % of time exercising | _____ | % of time with yourself | _____ |

Please give an example of situations where someone stared at you and how did you handle it.

Part Two: Describe Yourself

I'm super funny when...?	
I'm a good friend because...	
When I get angry I...	
I'm happiest when...	
I think I'm good at...	
I get sad when...	
Things that scare me the most are...	
I'm not good at...	
I wish I was good at...	
I hate it when...	

Part Two: Describe Yourself cont'd

I make friends easily because...	
I don't like to meet new people because...	
I avoid social situations when: <input type="checkbox"/> There will be new people around <input type="checkbox"/> When children are around <input type="checkbox"/> Certain people are there <input type="checkbox"/> When boys are present <input type="checkbox"/> If I need to change clothes <input type="checkbox"/> Other	

With whom do you live with?	
Do you share a bedroom	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," with whom?	
Do you sometimes live in different places? (between two homes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many times have you been away from home alone?	
Where is your "SAFE" place?	
When do you feel the safest?	
If you could change one thing about your life, what would it be?	
What is your biggest concern for your future?	
What aspect of you would you like to improve?	
Who do you admire most? Why?	
What else would you like for us to be mindful of?	



Media Release Form

(to be read and signed by parent/guardian)

*****By signing this form the parent/guardian affirms having read it*****

Dear Parents/Guardian and Participant,

The continued success of Angel Faces relies heavily upon the ability to sustain funding. In order to continue and expand the program, maintain and seek new supporters, we must share our vision in a variety of ways. This includes but is not limited to; video presentations slide shows, newspaper or magazine articles, descriptive brochures, television or radio programs, and photographs.

You are not required to give permission for publicity release. We do, however, request that you sign for permission to involve your child in publicity opportunities should the occasion present itself during the retreat or while representing Angel Faces. We strongly encourage you to have a discussion with your daughter regarding this agreement and her feelings about being photographed. We will only consider the agreement valid if the participant has signed as well as the parent/guardian. Angel Faces facilitators will monitor media and printed materials to the best of our ability to encourage appropriate representation of the retreat participants.

Sincerely,

The Angel Faces Team

Yes, I hereby give my permission for my child to be videotaped, photographed, or recorded for use in publicity as described in the above paragraph

Participant Name (Printed):

Date:

Parent/Guardian Name (Printed)

Parent/Guardian Signature

No, I decline the opportunity for my child to be videotaped, photographed, or recorded for use in publicity as described in the above paragraph

Participant Name (Printed):

Date:

Parent/Guardian Name (Printed)

Parent/Guardian Signature

angel faces

Consent and Waiver

(to be read and signed by parent/guardian)

1. Medical Services: I hereby give permission to Angel Faces to follow routine treatment or to select qualified personnel to care for me as directed by written instruction from my doctor or caregiver.
2. General Services: I hereby give permission to the Angel Faces facilitators or someone directed by him/her, to provide me with emergency medical services, transportation, housing, and meals associated with my registration as a participant. Additionally, I hereby agree that in the event that services or medical treatment is needed other than provided at the workshop, I accept full and complete responsibility.
3. Personal Property: I understand that the Angel Faces facilitators will make reasonable efforts to assist the participants in caring for their personal belongings. I hereby agree that Angel Faces will not be held responsible for the participant’s lost or damaged personal property.
4. Risk of Serious Injury: I hereby understand that some activities may take place away from the workshop location and release all places/resorts that Angel Faces® attends from any and all liabilities due to serious injury, including paralysis and death due to participation at these locations. I voluntarily and knowingly acknowledge, accept and assume the risk, except that which is result of gross negligence or wanton willful misconduct.
5. Authorization of Treatment: I, _____, the participant, authorize Angel Faces to act if I am a victim of accident, injury or illness when immediate medical or surgical care is needed.

Angel Faces is known for its harmonious, tranquil and healing environment. We reserve the right to send anyone home immediately if your behavior is troublesome, violent, threatening or disruptive to the program, other participants, volunteers, directors or the facility. The travel home will be at your expense. This includes our zero-tolerance policy for consuming alcohol, non-prescription drugs and use of marijuana (medical or recreational) *.

Participant Name (Printed):

Date:

Parent/Guardian Name (Printed)

Parent/Guardian Signature

**Angel Faces, along with retreat partners and sponsors, will lawfully uphold the Federal Law and recognize marijuana as an illegal substance to be included in our zero-tolerance policy, regardless of the legality of marijuana use under state laws.*