



**LEVEL II**  
**Retreat Application**  
*(for women who have attended Level I only)*

- RETREAT DATE:** June 20 – 24, 2018 (Wed arrival - Sunday departure)
- AGE RANGE (at the time of retreat):** 19 - 29 Years of Age
- RETREAT LOCATION:** Wolfeboro, New Hampshire
- APPLICATION DUE:** March 1<sup>st</sup>, 2018
- RETREAT COST:** \$2,800 per participant is paid by Angel Faces donors
- APPLICATION FEE:** \$200 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.

Level II provides leadership and mentorship training with emphasis on self-awareness, self-management, social awareness developing resiliency and relationship management. Attendees will engage in interactive experiences, learning sessions, group discussions and physical activity.

Attending the Level II retreat is a privilege that comes with responsibilities. Level II participants are asked to serve as mentors and stay involved with the programs of Angel Faces. Opportunities in this area will be offered during Level II retreat! Exciting stuff!

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](mailto:dana@angelfaces.com))
- Submit application fee of \$200 (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 II**  
**Retreat Application**  
*(for women who have attended Level I only)*

*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.*

<b>Participant's Name:</b>	
<b>Participant's Age (at the time of the retreat):</b>	
<b>Name of referring Health Care Provider:</b>	
<b>Participant's Primary Phone:</b>	
<b>Participant's Email:</b>	
<b>How many times have you attended an Angel Faces retreat?</b>	Level I:      Years Attended:  Level II:      Years Attended:

**Application Checklist**

- Complete and sign application (including consent form and contract)
  - \$200 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](mailto: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**

<b>Full Name:</b>		<b>Date of Birth:</b>	
<b>Cell Phone:</b>		<b>Age during the 2018 Retreat:</b>	
<b>Lives with:</b>		<b>Primary Email:</b>	
<b>Home Address:</b>		<b>City, State, Zip</b>	
<b>Name of your Employer:</b>		<b>Position/Title:</b>	
<b>Employer's Address:</b>		<b>Employer's Phone Number:</b>	
<b>Does this employer match employee donations to nonprofits?</b>		<b>Marital status?</b>	
<b>Do you have children?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>How many, and what are their names and ages?</b>	
<b>How many people reside with you?</b>		<b>What is their relation to you?</b>	

**Emergency Contact**

<b>Name of Emergency Contact:</b>		<b>Relationship:</b>	
<b>Primary Phone Number:</b>		<b>Cell Phone:</b>	
<b>Name of Emergency Contact:</b>		<b>Relationship:</b>	
<b>Primary Phone Number:</b>		<b>Cell Phone:</b>	

## Health Status

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

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

**Please list medication (including psychotropic, over-the-counter, herbal remedies) that you are currently taking**

<b>Medication</b>	<b>Dosage</b>	<b>Frequency</b>	<b>Prescribed by</b>	<b>Reason for medication?</b>

<b>Health Status cont'd</b>	
<b>How old were you when you attended your first Angel Faces retreat(s)?</b>	
<b>How many years (or months) after your injuries did you first attend?</b>	
<b>What did you gain from your last retreat?</b>	
<b>How did this experience impact you?</b>	
<b>Have you noticed a difference in how you handle your facial/body difference socially since you've attended an Angel Faces retreat?</b> <i>If "Yes," please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What social limitations do you have (if any)?</b> <i>Example: shy, distracted, etc.</i>	
<b>What are your strengths?</b>	
<b>What resources do you have to help you with any current issues?</b>	
<b>What experiences (past &amp; present) will help you in improving your current situation?</b>	
<b>What are you (and your family) already doing to improve your current situation?</b>	
<b>Who can you count on for support?</b> <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:	

*Thank you for taking the time to answer Part One of our application.*

*See the next page for Part Two.*

*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 feel you would be a good candidate for Level II.**

**What tools, skills have you learned in the past from Angel Faces?**

**What changes have you made in your life since attending Angel Faces?**

**How would attending Level II contribute to your own personal and professional growth?**

**What do you hope to gain from the retreat?**

**Have you stayed in contact with others you met at our retreat?  
If "Yes," how do you communicate? How often do you communicate?**

**If you were to pick three goals to work on, what would they be?**

- 1.
- 2.
- 3.

**What % of time each day do you 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.**

**What is your biggest concern for your future?**

**What else would you like for us to be mindful of?**

\_\_\_\_\_  
**Participant Name (Printed):**

\_\_\_\_\_  
**Participant Name (Signed):**

\_\_\_\_\_  
**Date:**



**Media Release Form**  
*(to be read and signed by participant)*

The continued success of Angel Faces relies heavily upon the ability to sustain funding. 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.

We do, however request that you sign for the possibility to involve yourself in publicity opportunities should the occasion present itself during the retreat or while representing Angel Faces. Angel Faces facilitators will monitor media and printed materials to the best of our ability to encourage appropriate representatives of the retreat participants.

Sincerely,

Angel Faces Facilitator

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

\_\_\_\_\_  
**Participant Name (Printed):**

\_\_\_\_\_  
**Participant Name (Signed):**

\_\_\_\_\_  
**Date:**

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

\_\_\_\_\_  
**Participant Name (Printed):**

\_\_\_\_\_  
**Participant Name (Signed):**

\_\_\_\_\_  
**Date:**





## Consent and Waiver

*(to be read and signed by participant)*

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):**

\_\_\_\_\_  
**Participant Name (Signed):**

\_\_\_\_\_  
**Date:**

*\*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.*