



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

- RETREAT DATE:** June 19 - 23, 2019 (Wednesday arrival – Sunday departure)
- AGE RANGE (at the time of retreat):** 19 - 29 Years of Age
- RETREAT LOCATION:** Wolfeboro, New Hampshire
- APPLICATION DUE:** **FEBRUARY 28, 2019**
- RETREAT COST:** \$2,800 per participant is paid by **generous** Angel Faces donors
- APPLICATION FEE:** \$100 due at time of application (refundable if not selected)
- TRANSPORTATION:** A limited number of airfare scholarships are available.

Dear Returning Participant, Welcome!

Our Level II retreat 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! While attending Level II you will also be joined with the Level 1 girls, at limited times to mentor and support the younger girls.

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. Check out website for research results.

We look forward to receiving your application!

Sincerely,

Angel Faces Team

Lesia Cartelli CEO/Founder	Ashley Sammons Program Manager
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Must complete the following:

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

Return before FEBRUARY 28, 2019 to:

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



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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.

Part One: Participant Information

Full Name:		Date of Birth:	
Cell Phone:		Age during the 2019 Retreat:	
Lives with:		Primary Email:	
Home Address:		City, State, Zip	
Name of Employer:		Position/Title:	
Employer’s Address:		Employer’s Phone Number:	
Marital status? Circle one	Single Divorced Separated Widow(er)	How many times have you attended Angel Faces Retreat?	Level I: When? Level II: When?
Do you have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many, and what are their names and ages?	
How many people reside with you?		What is their relation to you?	

Emergency Contact

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

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___

Health Status	
How would you describe your overall energy? Circle all that apply.	
Able-bodied Wheelchair Anorexic Fit Active Ambulatory Anxious Average Depressed Destructive Good/Bad Diet Emotional Healthy High/Low Energy Inactive Unmotivated Moody Overweight Pregnant Stressed Smoking Stable Tense Happy Loving Sensitive	
Recurrent medical conditions such as allergies or asthma? <i>If "Yes," please describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision or hearing limitations? <i>If "Yes," please describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be in bandages, splints or garments during the 2019 retreat? <i>If "Yes," please describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any prosthetic features? <i>If "Yes," please describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received reconstructive surgery in the past 6-months, including laser? <i>If "Yes," please describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal action pending in your life? Depositions? <i>If "Yes," please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving mental health counseling? <i>If "Yes," please describe... If no, would you like to be?</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 Conditions & Medications Information				
Medical Condition	When will you receive treatment?	Type of Provider <small>(ex: Physical Therapist, Psychologist, Surgeon, Acupuncture)</small>	Does this condition cause stress or impairment now?	What have you found that helps?

List ALL medications (including psychotropic, over-the-counter, herbal remedies)

Medication	Dosage	Frequency	Prescribed by or OTC	Reason for medication?

History

How old were you when you attended your first Angel Faces retreat(s)?

Please give a brief description of your injury. When? How? Where?

What did you gain from your last retreat?

How did this experience impact you?

How do you handle your facial/body difference since you attended an Angel Faces retreat? If at all?

If "Yes," please explain:

What social behaviors do you have (if any)?

Example: shy, distracted, chatty, etc.

Name three of your strengths.

- 1.
- 2.
- 3.

Name three of weaknesses.

- 1.
- 2.
- 3.

What resources do you have to help you with any current issues?

What experiences (past & present) will help you in improving your current situation? In other words...what kind of messes in general have you had to deal with?

Who can you count on for support?

(please check as many that apply to you)

- | | | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------------|
| <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: | | | | |

Dear Participant,

*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 are today."
 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: ALL About You!	
What are you struggling with in your life that you feel you need Level II?	
What tools and skills have you learned in the past from Angel Faces?	
List two changes you have made in your life since attending Angel Faces?	
1.	
2.	
How would attending Level II contribute to your own personal and professional growth?	
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? <i>Add up to 100%</i>	
% 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 outside exercising _____	% of time alone _____
Please give one example of a situation where you were uncomfortable and how did you handle it.	
What is your biggest concern for your future?	
If you could visit anywhere in the world, where would you go? Why?	
What keeps you up at night?	
What do you think your future self will remember about you now?	
What superpower do you wish you could have?	
If you are a part of the Youth Advisory Counsel, how are you contributing? Give two examples on how we can grow.	
1.	
2.	
What else would you like for us to be mindful of?	

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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:

OR

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:

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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.*

Commitment Clause

PLEASE ADVISE & INITIAL BELOW FOR EACH

Application must have all items and all boxes filled out to be considered complete.

Once your application is accepted and your airfare is booked, you decide not to attend you agreeing to reimburse any costs incurred (airfare etc.) by Angel Faces.