



## LEVEL I Retreat Application

<b>RETREAT DATE:</b>	<b>June 16 - 22, 2019 (Sunday arrival - Saturday departure)</b>
<b>WHO:</b>	<b>Adolescent girls, 14 - 18 Years of Age (flexible)</b>
<b>RETREAT LOCATION:</b>	<b>Brewster Academy and a private compound. Lake Winnepesaukee, Wolfeboro, New Hampshire</b>
<b>APPLICATION DUE:</b>	<b>March 20, 2019</b>
<b>RETREAT COST:</b>	<b>\$4,500 per participant is <b>paid by Angel Faces donors</b></b>
<b>APPLICATION FEE:</b>	<b>\$100 due at time of application to secure spot</b>
<b>TRANSPORTATION:</b>	<b>A limited number of airfare scholarships are available. Girls fly into Boston where they are transported to the Retreat Site. Or you may drive them directly to the retreat site.</b>

For Any questions contact Ashley at [ashley@angelfaces.com](mailto:ashley@angelfaces.com)

Dear Applicant: Welcome to the world where courage and bravery are born.

Our Level I retreat offers pivotal personal attention, therefore, we only accept 20 girls per retreat. Priority is given to new applicants. Past participants are welcome to apply; acceptance is based on their need and available space.

In a private setting, 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. They also participate in art, journaling and verbal expression. They learn positive self-image through fun sessions on how to handle stares and unwanted questions, while learning crucial boundaries. They participate in exercises to help them achieve their goals and are encouraged to participate in activities such as yoga, and lake play (standup paddleboard, swimming). Private consultations with clinical professionals are also offered for their specific needs. We have a LOT of fun too!

The Angel Faces nonprofit organization is led by Lesia S. Cartelli, who endured a serious burn injury as a child, 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.

We look forward to receiving your application!

Sincerely,

Angel Faces Team

Lesia Cartelli  
CEO/Founder

Ashley Sammons  
Program Manager



# LEVEL I Retreat Application

Compatible with MS Word or PDF.  
USE AS MUCH SPACE AS YOU NEED FOR YOUR ANSWERS.

## PARENTS TO COMPLETE FOLLOWING SECTION

<b>Participant's Full Name:</b>	
<b>Date of Birth:</b>	
<b>Age (at the time of the retreat):</b>	
<b>Name of referring Health Care Provider (if so):</b>	
<b>Participant's Cell Phone:</b>	
<b>Participant's Email:</b> <i>if no email please have them sign up for one, this is a pivotal way of communication. Ex. GMail or yahoo</i>	
<b>Closest &amp; Largest Airport in your area:</b>	
<b>How many times has your child attended an Angel Faces retreat?</b>	Level I:      Years Attended:

### Application Checklist

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

### **Return before March 20, 2019:**

Angel Faces  
2235 Encinitas Blvd #107  
Encinitas CA 92024  
Or email to: [ashley@angelfaces.com](mailto:ashley@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 Information**

<b>Parent/Guardian Full Name:</b>		<b>Parent/Guardian Full Name:</b>	
<b>Cell Phone:</b>		<b>Home Phone:</b>	
<b>Primary Email:</b>		<b>Marital Status</b> <i>Circle one</i>	Single Divorced Separated Widow(er)
<b>Home Address:</b>		<b>City, State, Zip</b>	
<b>Employer:</b>		<b>Position/Title:</b>	
<b>Employer's Address:</b>		<b>Employer's Phone Number:</b>	

**Emergency Contact**

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

**Health Status**

**How would you describe your child's overall health? 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

<b>Recurrent medical conditions such as allergies or asthma?</b> <i>If "Yes," please describe ...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Vision or hearing limitations?</b> <i>If "Yes," please describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will your child be in bandages/splints/garments during the retreat?</b> <i>If "Yes," please describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does your child wear prosthetics?</b> <i>If "Yes," please describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is your child currently using prescription medication?</b> <i>If "Yes," please describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reconstructive surgery in the past 6-months? Any pending surgeries?</b> <i>If "Yes," please describe...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Legal action pending your child's injury? Depositions Pending?</b> <i>If "Yes," please explain here:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is your child currently receiving mental health counseling?</b> <i>If "Yes," please 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 Conditions &amp; Medications Information</b>				
<b>Medical Condition/ Health Issues or Limitations</b>	<b>When will your child 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 has your child found that helps?</b>

List **ALL** medications (including over-the-counter & herbal remedies)

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

## Health Status cont'd

*Please explain in full sentences*

**If your child has attended a retreat in the past, have they changed the way they handle facial/body difference?**

Yes  No *If "Yes," please explain:*

**What social behaviors does your child have (if any)?**

*Example: shy, distracted, etc.*

**Name two of your child's strengths? Name two of your child's weaknesses**

1.

2.

**Name two of your child's weaknesses**

1.

2.

**What resources does your child have to help them with any current issues?**

1.

2.

3.

**Name two experiences has helped your child in coping with their struggles?**

1.

2.

**Name two things you and your family are doing to improve your current situation?**

1.

2.

**As a parent/guardian, who do you count on for support?**

*(please check as many that apply to you)*

Parent(s)       Therapist       Sibling(s)       Extended Family       Friend(s)       Neighbor

Church       Foundation       School       Support Group       Community       Doctor

Other:

## History

**How was your child was injured? Details help us to assist in your daughters' path.**

**Did the injury result from abuse? The more we know about the circumstances in the incident, the better we can assist her.** *(add additional sheet if necessary) If not, make N/A*

<b>What was the date of injury (month/date/year)?</b>	
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<b>How old was your daughter when she was injured?</b>	
--	--

<b>What hospital was your daughter treated?</b>	
---	--

<b>Has your child received constructive surgery?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

<b>What percentage of her body was burned? Where on the body are most of the scars?</b>	_____ %
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**How did your child handle the injury and treatment emotionally?**

**Has her behavior changed over time?**  
*(use as much space as you need)*

<b>How have the siblings been affected?</b>	
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**Is there anything else that you would like to add that would be good for us to know? You may also add an additional sheet.**

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

Dear Participant,

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. Please write in full sentences.

<b>Part Two: About You</b>	
<b>Name three reasons why you want to come (or return) to Angel Faces Level I.</b>	
1.	
2.	
3.	
<b>Angel Faces website and/or brochures, which topics interest you?</b>	
<b>What is the hardest part of living with your injuries or looking different?</b>	
<b>Check as many as apply:</b>	
<input type="checkbox"/> Questions from random people	<input type="checkbox"/> Dating
<input type="checkbox"/> Family response/reactions	<input type="checkbox"/> Talking to boys
<input type="checkbox"/> Making conversations	<input type="checkbox"/> Socializing
<input type="checkbox"/> Make-up	<input type="checkbox"/> Teasing
<input type="checkbox"/> Stares	<input type="checkbox"/> Other
<input type="checkbox"/> Reaction from children	<input type="checkbox"/> Isolation
<b>Give us three examples or situations where you felt uncomfortable (ex. when someone stared or asked questions)</b>	
1.	
2.	
3.	
<b>What % of time each day do you do the following: <i>Should add up to 100% total</i></b>	
% 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 _____	% of time alone _____

<b>Part Two: Describe Yourself</b>	
<b>How often do you get angry? What do you do to sooth?</b>	
<b>I'm happiest when...</b>	
<b>I get sad when...</b>	
<b>Things that scare me the most are...</b>	
<b>I'm not good at...</b>	
<b>I hate it when...</b>	
<b>I don't like to meet new people because...</b>	
<b>What keeps you up at night?</b>	
<b>Describe one goal you have for this retreat?</b>	

I want to learn.....?	
What do you think your future self will remember about you now?	
What superpower do you wish you could have?	
If you could visit anywhere in the world, where would you go? Why?	
I avoid social situations when...	

- new people are around                       When children are around                       Certain people are there  
 When boys are present                       If I need to change clothes                       Other (*please explain*)

With whom do you live with?	
Do you share a bedroom? If "Yes," with whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What's the longest you've been away from home?	
Where is your "SAFE" place?	
If you could change one thing about your life, what would it be?	
What is your biggest concern for your future?	
Who do you admire most? Why?	
What else would you like for us to know about you?	

<b>If you have attended Angel Faces Retreat before, please fill out following.</b>
How old were you when you first attended Angel Faces retreat(s)?
What insight did you gain from your last retreat?
How did this experience impact you?

### 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 you are notified, and your airfare is booked – should your daughter decide not to attend, you as the parent/guardian are agreeing to reimburse any costs incurred (airfare etc.) by Angel Faces



# 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. 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 and recorded as described in the above paragraph.*

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

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

\_\_\_\_\_  
**Parent/Guardian Name (Printed)**

\_\_\_\_\_  
**Parent/Guardian Signature**

**OR**

*No, I decline the opportunity for my child to be videotaped, photographed and recorded as described in the above paragraph*

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

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

\_\_\_\_\_  
**Parent/Guardian Name (Printed)**

\_\_\_\_\_  
**Parent/Guardian Signature**



# 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 their behavior is troublesome, violent, threatening or disruptive to the program, other participants, volunteers, directors or the facility. The travel home will be arranged by Angel Faces staff and you are held responsible for the travel cost home. Our program is a zero-tolerance environment including our policy for consuming alcohol, non-prescription drugs and use of marijuana (medical or recreational) per federal law\*.

\_\_\_\_\_  
**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.*