

Community Advocacy and Mentorship Program's (CAMP) Life Skills Retreat



WHAT IS THIS? The Pediatric AIDS Coalition (PAC) at UCLA puts on a Life Skills Retreat for students around the country to participate in a weekend long event that is catered to provide a space for young adults to grow and learn new skills that will help them in all aspects of their life. This retreat is coordinated and ran by current UCLA students who are part of CAMP. We will also have at least one therapist during the weekend where students can schedule a one-on-one time if they would like. The goal of this retreat is to address every aspect of the student's life now and their future endeavors. This includes but is not limited to; mental/physical health, money management, college applications, preparing for job interviews, grants/scholarships, HIV 101 and more.

EXPECTATIONS: CAMP's Life Skills retreat is designed so that students not only have a fun weekend but also have the opportunity to gain knowledge and advice on the many challenges students will face as they become a young adult. We are going to have a blast, but we are also going to have some very serious moments.

CAMP has set forth expectations to ensure the safety and well-being of the student, which will allow them to get the most of Life Skills as possible. We expect everyone to respect the privacy of the cabins, use proper language, and treat everyone with respect. The use or possession of weapons, drugs, or alcohol are strictly prohibited at all times. Individual and group activities will provide a time for introspection and personal growth. This is a time for the students to focus on themselves.

WHERE: Pali Mountain Retreat Center in Running California
30778 Highway 18,
Running Springs,
CA 92382

WHEN: Morning of February 18 to mid-day of the 20th

HOW? Fill out this invitation and send it back by email or mail and you may be eligible to attend this retreat!

Email

pac.family.ucla@gmail.com

Mailing address:

Pediatric AIDS Coalition
308 Westwood Plaza
Kerckhof Hall 144, Mailbox #4
Los Angeles, CA 90095

Please fill out the entirety of this form. Attached to this packet is a **SURVEY, 2 WAIVERS (MEDIA WAIVER, LIFE SKILLS WAIVER, ANGEL FLIGHT WAIVER), AND ANGEL FLIGHT INFORMATION.**

**DUE DATE: THE APPLICATION IS DUE JANUARY 18TH
THE WAIVERS CAN BE TURNED IN BY JANUARY 28TH**

*To send this document back, you can open it up as a word document and then write it in and send the updated one. Or you can send all of the information in an email.

CONTACT INFORMATION:

If you have any questions, regarding the waivers or the retreat, please feel free to reach out to any of the following people on PAC.

Director of Family Relations: Sarah Denison-Johnston

Email: pac.family.ucla@gmail.com

Phone: (510) 847-1881

Co-Director of Life Skills Retreat: Marcela Gamino

Email: mgamino@g.ucla.edu

Phone: (661) 340-3248

Co-Director of Life Skills Retreat: Kelyn Clark

Email: kelynjclark@gmail.com

Phone: (253) 310-5206

SURVEY

- 1. What are you expecting from Life Skills Retreat?**
- 2. What are the most important skills for you now and in the future?**
- 3. Is the college application process relevant for you?**
- 4. Did you attend Life Skills Retreat last year?**
- 5. If you did, what did you like about it? What could be improved?**
- 5. Will you be able to commit to attending Life Skills for the entirety of the weekend (February 18-20)? If you cannot, please explain your time conflict.**
- 5. Do you have any animal/pet allergies?**
- 6. Do you have any food allergies?**

Transportation is provided for all campers. If you live outside the Los Angeles area we may be able to fly you in for free courtesy of Angel Flights West. This non-profit organization provides free flights in small private air crafts. In this portion of the application please read and complete the following:

1. Camper Request Form
2. Angel Flight Introduction Letter
3. Angel Flights Waiver of Liability
4. Medical Release form (only required for passengers with a known medical conditions)

CAMP Camper Request Form

Camper Name: _____ DOB: _____ **Weight:** _____ *

Street: _____ City, State, Zip: _____

Cell #: _____ Home #: _____ Other Phone #: _____

Parent/ Guardian Names (circle one): _____

Parent/ Guardian Emails(s): _____ Please let us know if this is the camper's email

Medical Condition: _____

Home Airport: _____ Leave blank if you are unsure

Special Needs: _____

(such as ADHD, Hearing Impaired, Autism spectrum, Mobility Issues, etc.)

***It is important that this weight is accurate because certain air crafts can only carry a certain amount of weight. Your weight will not prevent you from flying, but will provide Angel Flights West the information needed to find an appropriate aircraft for your needs.**