



PAL PROGRAM

The Pal Program was developed in response to parents of Camp I Am Special Campers requesting referrals of Camp Leaders and Buddies to provide care in their homes for their children.

The goals of the Pal Program are to provide options of respite for families, forge friendships between Campers and Buddies, and to foster leadership & service of young adults within the special needs community.

The needs and location of the Camper families vary. Needs may be weekday, weekend, intermittent, or more consistent. The Pal Program is solely a referral program and frequency/schedules/logistics/payment are between the Buddy/Camp Leader and family.



How the Pal Program works:

1. Experienced Buddies and Camp Leaders interested in being contacted by Camper families to provide care outside of Camp I Am Special submit the application form to Camp. The application form includes name, best contact number, age, experience and general availability.
2. Camp I Am Special will provide the families with 3 applicants who we feel will be able to serve their child's needs. Camp I Am Special does not offer individual recommendations or solicit for Buddies/Camp Leaders.
3. Camper family will contact applicants to determine best fit for their needs. It is solely up to the Camper family to make contact with applicants.
4. It is the responsibility of the Buddy/Camp Leader to contact Camp to be removed from the master list via email to campiamspecial@ccbjax.org.
5. Any questions? Call us at Camp 904-230-7447

PAL PROGRAM APPLICATION



NAME: _____ (please print clearly)

I am a Camp I Am Special Buddy or Camp Leader (please circle response)

BEST CONTACT NUMBER: _____

EMAIL: _____

AGE: _____

EXPERIENCE: _____

GENERAL AVAILABILITY: _____

I understand the Pal Program is completely independent from other Camp I Am Special programming and Camp I Am Special functions only as a liaison between myself and Camp families looking for respite care. I understand Camp I Am Special will not solicit or show favoritism during the selection process, rather than provide families with 3 Pal's information based off of their experience and the needs of the families child. I understand I am responsible to contact Camp in writing to be removed from the list and can do this at any time.

Signature: _____ Date: _____