



# DISTRICT 6200 RYLA CAMP 2010



## Adult Volunteer Application (Must be submitted by April 1, 2010)

Rotary Club:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle INT: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Position: (Circle one)

- 1) Counselor (over age 21)
- 2) Jr. Counselor (under age 21)
- 3) Counselor Aid (assist Counselors)
- 4) Aid (Miscellaneous assistant)

T-shirt Size: (circle one)

XXL   XL   L   M   S

Describe the youth-related events in which you have been involved and the role you played. (Use additional paper if needed)

How many years have you served as a counselor at a RYLA event?

What qualifications make you an exceptional counselor?



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Have you ever been arrested? No \_\_\_ Yes \_\_\_ (If yes provide details)

Have you ever been convicted of or pleaded guilty to any crime(s)? No \_\_\_ Yes \_\_\_ (If yes provide details)

Have you ever been subject to any court order involving sexual, physical or verbal abuse? No \_\_\_ Yes \_\_\_ (If yes provide details)

**(Please provide a copy of Drivers Licenses along with all signed forms)**

Completion of this application constitutes agreement that the applicant will abide by the guidelines and rules established for the RYLA Camp from June 2-6 2010.

Signature of Applicant: \_\_\_\_\_ Date:

Signature of RYLA Chair: \_\_\_\_\_ Date:



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## HEALTH FORM

**This information is confidential and will only be used if urgent medical assistance is required and will only be provided to the Medical Officer.**

Has the Applicant ever received treatment, attention or advice from a physician or other practitioner for, or been told by any physician or practitioner that such person had/has:

- |              |                                 |
|--------------|---------------------------------|
| ALLERGIES    | HERNIAS                         |
| ASTHMA       | PNEUMONIA                       |
| APPENDICITIS | ULCERS                          |
| ARTHRITIS    | RHEUMATIC FEVER                 |
| DIABETES     | SERIOUS OR PERSISTENT HEADACHES |
| EPILEPSY     | VERTIGO, DIZZINESS              |

ANY DISEASE, IMPAIRMENT OR ABNORMALITY OF:

- |                 |                                     |
|-----------------|-------------------------------------|
| EYE OR SIGHT    | HEART OR BLOOD VESSELS              |
| EARS OR HEARING | LUNGS, RESPIRATORY SYSTEM           |
| TONSILS NOSE    | BONES, JOINTS, OR LOCOMOTOR SYSTEMS |
| THROAT          | SKIN                                |
| STOMACH         | DIGESTIVE SYSTEM                    |

**PLEASE NOTE: Applicant to bring own gluten or yeast free bread if required.**

Will Applicant be bringing any prescribed medication with them? **YES** [ ] **NO** [ ]

If **YES** please list them and ensure a supply for 6 days.

Medication, dosage and reason

.....  
.....

**[Please check medication in with R.Y.L.A. Administration Officer on site]**

Name of Insurance Company..... Policy Number.....

Billing Address of Insurance Company .....

Family Physicians Name ..... Telephone Number .....

Emergency Contact..... Telephone Number .....

Has the Applicant been immunized against **Tetanus? YES When? .....NO** [ ]

### PERMISSION FOR MEDICAL CARE:

As a volunteer, I agree to authorize the Rotary Youth Leadership Award Camp District 6200 Committee to act for me in any emergency or accident or illness during the RYLA CAMP.

Signature of Volunteer.....D a t e /\_\_\_\_\_/.....



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## **RYLA Volunteers (Counselor and Assistant Counselor)**

The role of the Rotarian Counselor (C) Assistant Counselor (AC) and Jr. Counselors (JC) is to work closely with the youth and serve as a group facilitator. The C, AC and JC must set the example at all times. You may be asked to share your life experiences with the youth, facilitate group discussions and other activities, and supervise housing arrangements.

### **Counselors and Assistant Counselors:**

1. All adult volunteer applicants will be screened and undergo a background check.
2. All individuals selected as counselors will be required to attend a final one-day training session June 2, 2010 and remain at the RYLA Camp though out its entirety. (June 3-6 2010)
3. All must be in good health.
4. All counselors should have some experience working with youth and be familiar with the current concerns and challenges faced by them. (This will be covered during training).
5. Will be responsible for transportation to and from the Camp.
6. All applications will be reviewed and counselors selected on the basis of who will best be able to serve the youth.
7. Once selected notifications will be sent to all applicants by mail or email or phone call.
8. Training materials, handbooks, and shirts will be provided.
9. Billeting and food for the training and certification program will be covered by RYLA.
10. RYLA is a smoke, drug and weapons free camp.

Signature of Volunteer.....D a t e / \_\_\_\_\_ /.....