



RYLA Adult Advisors Role

The role of the RYLA Adult Advisor is to work closely with your assigned Junior Counselor to provide coaching and support, and to offer guidance and insights, as appropriate, to Delegates. The Advisor must set the example at all times. You may be asked to share your life experiences with Delegates and Junior Counselors, facilitate group discussions and other activities. You will also be expected to ride the bus with the Delegates to and from camp, and sleep in the cabins with the Delegates and Junior Counselors.

Minimum age for an Adult Advisor is 20 years of age by January 11, 2024. Cost to attend is \$300, preferably paid by a sponsoring Rotary Club.

Expectations of all Adult Advisors:

1. All adult volunteer applicants will be screened and undergo a criminal background check. You will be asked to provide your Social Security number if you have been selected, so we can conduct the background check.
2. Be in good health and able to fully participate during the weekend.
3. Have some experience working with youth and be familiar with the current concerns and challenges faced by them. (This will also be covered during training).
4. Use bus transportation provided to and from RYLA. Advisors must also commit to staying at RYLA for all 4 days.
5. Tobacco and/or Alcohol will not be permitted in RYLA participant facilities.

All applications will be reviewed, and Advisors selected on the basis of who will best be able to serve the youth; a phone interview will be conducted in November as part of the selection process.

- Once selected, notifications will be sent to all applicants by email or phone call
- Training materials, handbooks, and a hoodie will be provided.

TO APPLY: Complete the attached application form. Either print and mail to the address on the form or send by email.



ADULT ADVISOR APPLICATION

Forward all completed and signed paperwork to RYLA Registrar:
San Luis Rotary Club, c/o Marcos Ramirez, PO Box 13926, San Luis, AZ 85349
 Email: ryladistrict5500@gmail.com
 Questions: RYLA Chair, Jennifer Wantz – ryladistrict5500@gmail.com

Rotary District 5500 Rotary Youth Leadership Awards
Date: January 12 – 15, 2024

Chapel Rock, Prescott, Arizona
Transportation provided via bus with Delegates & JC's

Application Deadline
November 1, 2023

This Application does not guarantee a position at RYLA. Your volunteer hours are very much appreciated. However, a **donation of \$300 from your Rotary Club is needed to offset the cost of your participation.**
Please make payments payable to: Rotary District 5500

Please type or print legibly. Illegible applications will not be considered. Application must be complete.

Name:	Age:	Gender: M ___ F ___
Preferred Name:	D.O.B.:	Sweatshirt Size: S ___ M ___ L ___ XL ___ XXL ___

Street Address: City: Zip:

Cell #:	Home #:	Email:
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Dietary Allergies:	Dietary Preferences: (e.g. vegetarian, gluten-free):
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Emergency Contact Name: Relationship:	Emergency Phone #
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Rotary or Rotaract Club you belong to:	Years involved:
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What is your past involvement with RYLA (check all that apply):

___ Have never attended RYLA
 ___ Delegate ___ Jr Counselor ___ Adult Advisor ___ Admin Team

Why are you interested in serving as an Adult Advisor at RYLA?

What experience do you have working with young people?

ROTARY DISTRICT 5500
YOUTH PROGRAM VOLUNTEER QUESTIONNAIRE (NON-RYE)

Thank you for offering to serve as a Rotary Volunteer!

Name: _____

Address: _____ City: _____ Zip Code: _____

How long at this Address: _____ Email: _____

Primary Phone Number: _____ Alternate phone #: _____

Employer: _____ How long? _____

Previous Employer (if recent employment is less than 5 years):

Have you served as a Rotary Youth Exchange Parent before? ___ No ___ Yes (list years)

List any service organizations that you have belonged to (other than Rotary):

Have you been involved with any formal or informal accusations of misconduct with a minor?

No _____ Yes _____ If yes, attached a separate sheet describing each incident in full.

List two personal references familiar with your conduct around minors (No relatives or Rotarians):

Name: _____ Phone Number: _____

Email: _____

Name: _____ Phone Number: _____

Email: _____

RYLA Adult Advisor 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. **HEALTH FORMS WILL NOT BE ACCEPTED IF INCOMPLETE.**

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: (Please check if YES)

<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> HERNIAS
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> PNEUMONIA
<input type="checkbox"/> APPENDICITIS	<input type="checkbox"/> ULCERS
<input type="checkbox"/> ARTHRITIS	<input type="checkbox"/> RHEUMATIC FEVER
<input type="checkbox"/> DIABETES	<input type="checkbox"/> SERIOUS OR PERSISTENT HEADACHES
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> VERTIGO, DIZZINESS
<input type="checkbox"/> OTHER	

Please explain: _____

Will Applicant be bringing an Epi Pen or inhaler with them? (Check if yes) EPI PEN [] Inhaler []

Any Disease, Impairment or Abnormality of:

<input type="checkbox"/> EYES OR SIGHT	<input type="checkbox"/> HEART OR BLOOD VESSELS
<input type="checkbox"/> EARS OR HEARING	<input type="checkbox"/> LUNGS, RESPIRATORY SYSTEM
<input type="checkbox"/> TONSILS, NOSE	<input type="checkbox"/> BONES, JOINTS OR LOCOMOTOR SYSTEMS
<input type="checkbox"/> THROAT	<input type="checkbox"/> SKIN
<input type="checkbox"/> STOMACH	<input type="checkbox"/> DIGESTIVE SYSTEM
<input type="checkbox"/> OTHER	

Please explain: _____

Will Applicant be bringing any prescribed medication with them? YES ___ NO ___

If YES please list the medication(s) and ensure a supply for 6 days.

Medication, dosage and reason:

Name of Insurance Company _____ Policy Number _____

Billing Address of Insurance Company _____

Family Physician's Name _____ Telephone Number _____

When was the Applicant's last Tetanus shot? _____ (Required for participation)

ADULT ADVISOR APPLICATION – PART 2: CONSENT & SIGNATURE

In consideration of being accepted as an Adult Advisor at the 2023 RYLA Workshop, I agree as follows (please initial each statement):

_____ I am required to attend training via zoom on Saturday, January 6, 2024 from 8 am - 11 am. I understand that if I cannot make the training session, I may be replaced by the RYLA Admin Team.

_____ I consent to undergo a background check.

_____ I give permission to have my photo taken and used to promote the Rotary Youth Leadership Awards Program (RYLA) on websites, presentations and in brochures.

_____ I understand the cost to attend is \$300, preferably paid by a sponsoring Rotary Club.

_____ I authorize the Rotary Youth Leadership Award Workshop District 5500 Committee to act on my behalf, including seeking medical care in any emergency, accident or illness during the seminar in the event I am not able to.

_____ I assume the risk for any injuries that I may sustain, or for any damage to any property of mine which may occur during the RYLA Workshop or while traveling to or from the Workshop. I hereby release and discharge _____ Rotary Club, its members, as well as Rotary District 5500, and Rotary International (herein Rotary), and their agents and employees, from any and all claims, demands, causes of action, or damages of any kind whatsoever resulting from or arising out of my attendance and participation at the RYLA Workshop.

_____ I agree to indemnify, hold harmless, and defend Rotary from and against any and all claims, costs, expenses, or liability, including attorney's fees, for bodily injury, sickness, disease or death, or to damage or destruction of property caused by, arising out of, resulting from, or incurred in connection with my participation at the RYLA Workshop.

Name (Print) _____ **Signature** _____ **Date** _____