



## 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 18, 2019. Cost to attend is \$200, preferably paid by a sponsoring Rotary Club.**

### **There are two different opportunities for Adult Advisors:**

- Work with one team of 8 Delegates and a Jr Counselor **[12 positions]**
- Work as a “floater” – assisting the Admin Team with operational duties during RYLA, providing occasional “breaks” for Adult Advisors assigned to a team, or filling in as needed. While this role includes riding the buses to and from RYLA and sleeping in the cabins, you will not be responsible for a specific team **[3 positions]**

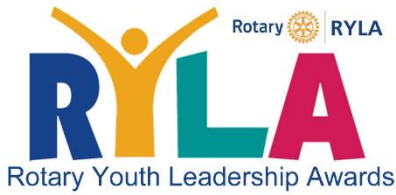
### **Expectations of all Adult Advisors:**

1. All adult volunteer applicants will be screened and undergo a background check and reference checks. If you have been selected, you will be asked to provide your Social Security number 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 be also 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 Delegate 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 phonecall
- Training materials, handbooks, and a sweatshirt will be provided.

**TO APPLY:** Complete the attached application form. Either print and mail to the address on the form, or send by email. ***Electronic signatures on the forms are acceptable.***



## ADULT ADVISOR APPLICATION

Mail or email completed and signed applications to RYLA Registrar:  
**San Luis Rotary Club, c/o Marcos Ramirez, PO Box 13926, San Luis, AZ 85349**  
 Email: [marcosramirez5550@gmail.com](mailto:marcosramirez5550@gmail.com) **Application Deadline November 1, 2018**  
 Questions: RYLA Chair Barbara Harrison - [bjsharrison@comcast.net](mailto:bjsharrison@comcast.net)

### Rotary District 5500 Rotary Youth Leadership Awards

**Date: January 18 – 21, 2019      Chapel Rock, Prescott, Arizona**

**All Advisors are provided transportation via bus with Delegates & JC's**

Please attach a current  
photo or  
Email one  
with  
completed application

This Application does not guarantee a position at RYLA. Your volunteer hours are very much appreciated. However, **a donation of \$200 from your Rotary Club is needed to offset the cost of your participation.**

**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 ___

Address:

City:	Zip:	Home #
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Cell #	Email:
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Emergency Contact Name:	Phone #
Relationship:	

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
- 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-Youth Exchange)**

Thank you for offering to serve as a Rotary Volunteer!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at this Address: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

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 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 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

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This information is confidential and will only be used if urgent medical assistance is required. It 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: (Place an "x" 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

**Does the Applicant have any Disease, Impairment or Abnormality of: (Place an "x" if YES)**

- |                                          |                                                             |
|------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> EYES OR SIGHT   | <input type="checkbox"/> HEART OR BLOODVESSELS              |
| <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)



## DISTRICT 5500 RYLA WORKSHOP CONSENT FORM: ADULT ADVISORS

**In consideration of being accepted as an Adult Advisor at the 2019 RYLA Workshop, I agree as follows (please initial each statement):**

\_\_\_\_\_ MANDATORY TRAINING: I am required to attend training in Tucson on **January 13, 2019**. I understand that if I cannot make the training session, I may be replaced by the RYLA Admin Team.

\_\_\_\_\_ BACKGROUND & REFERENCE CHECKS: I consent to undergo a background check and have my two personal references contacted.

\_\_\_\_\_ PHOTO RELEASE: 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.

\_\_\_\_\_ WORKSHOP COST: I understand the cost to attend is \$200, preferably paid by a sponsoring Rotary Club.

\_\_\_\_\_ EMERGENCY MEDICAL TREATMENT AUTHORIZATION: I authorize the Rotary Youth Leadership Awards 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.

\_\_\_\_\_ RELEASE: 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.

\_\_\_\_\_ INDEMNITY: 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.

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Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***NOTE: Electronic Signature is acceptable***