

These forms are fillable using your computer. All forms are to be emailed when completed.



RYLA Adult Advisor's 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.

Minimum age for an Adult Advisor is 20 years of age by February 18th, 2021.

All Adult Advisors are expected to 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).

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 early January as part of the selection process.

- Once selected, notifications will be sent to all applicants by email or phonecall.
- Training materials will be provided.

TO APPLY: Complete the attached application form. Please send by email.

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ADULT ADVISOR APPLICATION

Forward all completed paperwork to RYLA Registrar: Liz Cohn

Email: rotaryliz@aol.com

Application Deadline February 9th 2021

Questions: [Mike Kloehn, interact@rotaryd5500.org](mailto:Mike.Kloehn@rotaryd5500.org)

Rotary District 5500 Rotary Youth Leadership Awards

Date: February 19th- 20th, 2021. Online format.

This is a fillable form. Use your computer to type in the information. If information is incomplete the form will be returned to you.

Name:

Age:

Gender:

M: _____ F: _____

Cell # and Home Number:

Email:

Preferred Name & Date of Birth

T-shirt size: S: ___ M: ___ L: ___ XL: ___

Street Address and Zip:

Rotary or Rotaract Club you belong to and Years as a Member:

What is your past involvement with RYLA (check all that apply):

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

Years involved: _____

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



ADULT ADVISOR APPLICATION – PART 2: CONSENT & SIGNATURE

*Complete, and email only to RYLA Registrar:
District 5500
rotaryliz@aol.com*

In consideration of being accepted as an Adult Advisor at the 2021 RYLA, I agree as follows (please initial each statement):

_____ TRAINING: I am required to attend training in Tucson on Sunday, January 10th, 2021 via Zoom. I understand that if I cannot make the training session, I may be replaced by the RYLA Admin Team.

_____ 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.

I have read and understand the above agreement, and consent to the terms.

Name _____