



## **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 15th, 2021. Cost to attend is \$200, 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 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 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:  
 District 5500, c/o Liz Cohn, PO Box 65716, Tucson, AZ 85728  
 Email: [rotaryliz@aol.com](mailto:rotaryliz@aol.com) **Application Deadline November 1, 2020**  
 Questions: RYLA Chair Page Misenhimer Email: [pagyrc@gmail.com](mailto:pagyrc@gmail.com)

### Rotary District 5500 Rotary Youth Leadership Awards

**Date: January 15<sup>th</sup>-18th, 2021 Chapel Rock, Prescott, Arizona**

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

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 attach a current  
photo or  
Email one  
with  
completed  
application

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

Name:		Age:	Gender M or F: _____
Preferred Name:		D.O.B.	Adult Sweatshirt Size: Choose one of S, M, L, XL, XXL, XXXL: _____
Street Address:		City:	Zip:
Cell #:	Home #:	Email:	
Dietary Allergies:		Dietary Preferences: (e.g. vegetarian, gluten-free):	
Emergency Contact Name:		Emergency Phone #	
Relationship:			
Rotary or Rotaract Club you belong to:		Years involved:	
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?			

# RYLA Adult Advisor Health Form

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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:(YES or No)**

ALLERGIES  
 ASTHMA  
 APPENDICITIS  
 ARTHRITIS  
 DIABETES  
 EPILEPSY  
 OTHER

HERNIAS  
 PNEUMONIA  
 ULCERS  
 RHEUMATIC FEVER  
 SERIOUS OR PERSISTENT HEADACHES  
 VERTIGO, DIZZINESS

Please explain: \_\_\_\_\_

Will Applicant be bringing an Epi Pen or inhaler with them?

EPI PEN: Yes or No \_\_\_\_\_ INHALER: Yes or No \_\_\_\_\_

**Any Disease, Impairment or Abnormality of: (Yes or No)**

EYES OR SIGHT  
 EARS OR HEARING  
 TONSILS, NOSE  
 THROAT  
 STOMACH  
 OTHER

HEART OR BLOOD VESSELS  
 LUNGS, RESPIRATORY SYSTEM  
 BONES, JOINTS OR LOCOMOTOR SYSTEMS  
 SKIN  
 DIGESTIVE SYSTEM

Please explain: \_\_\_\_\_

Will Applicant be bringing any prescribed medication(s) with them? Yes or 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

*Complete, print, sign and mail to RYLA Registrar:  
District 5500, Attention Liz Cohn, PO Box 65716, Tucson, AZ 85728  
OR – print, sign, scan and email to rotaryliz@aol.com*

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

\_\_\_\_\_ I am required to attend training in Tucson on Sunday, January 12, 2021. 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 \$200, 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.

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

Sign Here: \_\_\_\_\_ Date \_\_\_\_\_

**ROTARY DISTRICT 5500**  
**Youth Program Volunteer Questionnaire (Non-RYE)**

Thank you for offering to serve as a Rotary Volunteer

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

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

How Long at this address? \_\_\_\_\_

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

Current Employer: \_\_\_\_\_

Previous Employers if current employment is less than

5 years): \_\_\_\_\_

Have you served as a Rotary Youth Exchange Parent in the past? Yes or No: \_\_\_\_\_

List any service organizations that you have belonged

(other than Rotary): \_\_\_\_\_

Have you been involved with any formal or informal accusations of misconduct around minors?

Yes or No: \_\_\_\_\_

If yes, attach 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: \_\_\_\_\_