



RYLA Jr Counselor Role & Required Essay

Twelve (12) Junior Counselors will be selected to attend RYLA. Each Junior Counselor will be the leader of a team of 8 Delegates, working with an Adult Advisor for advice and mentoring. They will lead the activities included in the weekend program, as well as be expected to ride the buses with the Delegates to and from the camp and sleep in the cabins with the Delegates. Two (2) Alternates will also be chosen and will attend if any of the first 12 cannot attend.

The requirements to be a Junior Counselor are:

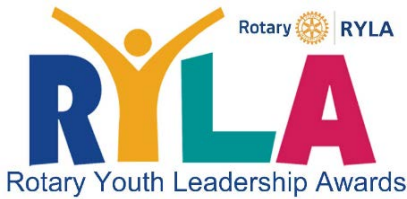
- (1) Must have attended RYLA within the last two years as a Delegate.
- (2) Be a Junior or Senior in High School or a Freshman or Sophomore in College. Must be 17 by January 18, 2019. If you will be 18 by January 18, 2019, a background check will be required.
- (3) Submit an application with your Essay and participate in a telephone interview with members of the District RYLA Committee in November.
- (4) Be able to attend a mandatory training session held on **Sunday, January 13, 2019** in Tucson. Home hosting will be available Saturday night, January 12 for anyone coming from out of the Tucson area. ***If you are unable to attend the training, it will be impossible for you to be sufficiently prepared to take on this responsibility.***

ESSAY INSTRUCTIONS

Please tell us in 500 words or less why you want to be selected as a Junior Counselor for RYLA, and how you believe your prior experience at RYLA, as well as other leadership or community service would be beneficial to your assigned team. Your essay can be included as page 8 of this application.

Junior Counselors will be selected by the District RYLA Committee, not by the sponsoring Rotary clubs. JC's will be notified in writing or by email by December 1.

TO APPLY: Complete the attached application form, including the Essay.
Deliver to your Sponsoring Rotary Club.



Applicant: Deliver completed application to local sponsoring Rotary Club
Rotary Club: Mail or email approved application to RYLA Registrar:
San Luis Rotary Club, c/o Marcos Ramirez, PO Box 13926, San Luis, AZ 85349
Email: marcosramirez5550@gmail.com Application Deadline: November 1, 2018
Questions: RYLA Chair Barbara Harrison - bjsharrison@comcast.net

District 5500 Rotary Youth Leadership Awards <u>Junior Counselor Application</u> January 18-21, 2019 Chapel Rock, Prescott, Arizona AZ Junior Counselors will ride up on Charter Buses	Please attach a current photo or Email one with completed application
The entire cost of attending the RYLA Workshop will be paid by your local Rotary Club. Successful applicants are required to attend the entire Workshop and must stay on campus until the end of the program on Monday. Exceptions will not be made. Approved applicants will be required to provide the attached medical history and Workshop Consent Form.	

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

Name:		Age:	Gender: M F	
Address:		D.O.B.:	Adult Sweatshirt Size: S M L XL XXL	
City:		Zip:	Home #	
Cell #	Email:			
High School or College:		Grade: 11 12 Fr Soph		
Have you attended RYLA before:		If yes, what year:		
Parent/Guardian:	Email:	Cell Phone #		
Parent/Guardian:	Email:	Cell Phone #		
Name of Sponsoring Rotary Club:		Club Contact:		
Club Contact's Phone:		Club Contact's Email:		
Interests, Talents, and Hobbies:				
Leadership Positions (In & Out of School):				
Service to Community (In & Out of School):				
What profession are you considering:				

RYLA Health Form

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.**

Please do not schedule medical and/or dental procedures right before RYLA.

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 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(s) with them? YES NO

If YES, please list the medications and ensure a supply for 6 days.

Medication, dosage and reason: _____

Please check medication in with RYLA Staff on site. All medication must be in original prescription bottles.

Is the applicant covered by medical insurance? Check one: YES NO AHCCSS

IF YES, PLEASE PROVIDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM

Name of Insurance Company _____ Policy Number _____

Billing Address of Insurance Company _____

Family Physician's Name _____ Telephone Number _____

Emergency Contact _____ **Telephone Number** _____

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



Delegate & Junior Counselor Code of Conduct

1. I am to conduct myself at all times in a manner which will bring credit to me, my family, my school and my sponsoring Rotary Club.
2. I have made a commitment to attend the entire RYLA Workshop. I may not leave the workshop earlier than the closing event on Monday without the permission of the RYLA Chair.
3. I shall participate in all workshop events and exercises and be where I am scheduled at the assigned times.
4. I will sleep in the room to which I am assigned and be in my room during the designated periods.
5. Male delegates and junior counselors are not permitted in female rooms or areas at any time and vice versa.
6. I must dress appropriately at all times. I cannot wear tank tops, halter tops, muscle shirts, T- shirts with vulgar or offensive language/pictures/ prints, short-shorts, nor have a bare midriff.
7. I will wear my name tag at all times and display my team color during activities, events and meals.
8. I will report any damage or breakage immediately to my Counselor, Assistant Counselor, Junior Counselor or RYLA staff.
9. I understand smoking and tobacco products are prohibited.
10. I understand that alcoholic products are prohibited.
11. I understand that any medication, whether prescription or over-the-counter, must be in its original container and must be identified on the Health Form. Any medication in the possession of a Delegate or Junior Counselor not on the Health Form will be confiscated.
12. I will not use foul and abusive language, including discriminatory remarks and threatening or harassing comments.
13. I understand that inappropriate contact or conduct with other Delegates or Junior Counselors is unacceptable.
14. I will not bring:
 - Illegal drugs
 - Firearms, knives or any other type of weapon
 - Tobacco
 - Inappropriate reading material or pictures
15. I also understand I am not to drive a vehicle to the event.

I have read, understand, and agree to abide by the Code of Conduct. Should I transgress any code above or should my conduct be considered unacceptable at any time in the opinion of the District Governor, RYLA Chair or member of the Admin Team, I understand I will be dismissed from RYLA and will be sent home. I also understand that my parent(s)/guardian(s) will be contacted to pick me up immediately.

Print Delegate: _____ Signature: _____ Date: _____

Print Parent/Guardian: _____ Signature: _____ Date: _____

Note: Electronic signatures are acceptable



DISTRICT 5500 RYLA WORKSHOP CONSENT FORM

In consideration of being accepted as a Jr Counselor 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 will be replaced by the RYLA Admin Team.

_____ **BACKGROUND CHECKS:** If I will be 18 years of age or older by January 18, 2019, I consent to undergo a background check.

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

EMERGENCY TREATMENT AUTHORIZATION: (Initial either A or B)

_____ A) I authorize the Rotary Youth Leadership Awards District 5500 Committee to act for my child including seeking medical care in any emergency, accident or illness during the workshop.

_____ B) 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 workshop.

_____ **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 (hereinafter 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.

I have read and understand the above agreements, and consent to all of the terms.

Delegate Name (Print): _____

Signature of Delegate

Date: _____

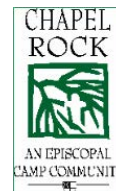
Name of Parent/Guardian (Print): _____ Phone: _____

Signature of Parent/Guardian

Date: _____

It is required that any attendee who is under the age of 18 years must have his or her parent or guardian execute this RYLA Workshop Consent Form.

NOTE: Electronic signatures are acceptable.



Participant Information and Permission Form (Chapel Rock)

DISCLOSURE: CHAPEL ROCK programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, rock climbing, rappelling, kayaking, orienteering, and other rigorous physical adventure activities. **(The level of participation in a program activity is at all times completely up the individual.)** Trained professional staff conducts all programs; yet there is a risk which must be assumed by each participant that he/she may suffer an emotional or physical injury, disability or death. Every participant in CHAPEL ROCK programs is encouraged to have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it to CHAPEL ROCK prior to participating in any activities.

Dates of Participation: January 18-21, 2019

PARTICIPANT INFORMATION:

Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Birth Date _____ Age _____ Gender _____ Height _____ Weight _____

1. Person to contact in case of emergency _____
Relationship to participant _____
Home Phone _____ Business Phone _____
2. Do you have health/accident insurance? _____ Yes _____ No
If yes, name of company and policy number _____
3. Do you have any limiting physical or mental disabilities or medical restrictions (temporary or permanent) that could present a hazard to yourself or others during the duration of this program? _____ Yes _____ No If yes, identify and explain _____

4. Are you currently taking medication (prescribed or otherwise; e.g., cold medicine)? _____ Yes _____ No If yes, state what you are taking and for what condition _____

5. Do you have allergies, reactions to medications, any other medical limitations? _____ Yes _____ No If yes, identify and explain _____
6. Have there been any recent major life changes? (E.g., job changes, death in the family, geographic move, etc.) _____ Yes _____ No

RELEASE OF LIABILITY: I understand that parts of the CHAPEL ROCK program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in CHAPEL ROCK activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release CHAPEL ROCK, and its staff members, from all liability for any injury to me from participation in CHAPEL ROCK activities. I understand that these terms shall serve as a release of liability for my heirs, executors, and administrators and for all members of my family. I have carefully read this Disclosure and Release of Liability and fully understand its content.

Date _____ Delegate Signature _____

PHOTO/MEDIA RELEASE: I grant to CHAPEL ROCK, and persons acting for or through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

Date _____ Delegate Signature _____

PARENTAL WAIVER OF CLAIMS: Parental permission must be secured for participants who are not of legal age (18 years). If you are not yet classified as a legal adult, your parent(s) or legal guardian(s) must complete the following:

I/we _____ (parents' or guardians' name(s)) give permission for my/our child _____ (child's name) to participate in the CHAPEL ROCK program and associated field trip(s). Should my/our child become injured, I/we request that the trip leader or designated CHAPEL ROCK staff secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form and do hereby release CHAPEL ROCK and its employees from liability for any damages, injuries or losses which may occur while said child is participating in this CHAPEL ROCK program.

Date _____ Parent or Guardian Signature (if participant is under age 18) _____

Date _____ Parent or Guardian Signature (if participant is under age 18) _____

Note: Electronic signatures are acceptable

RYLA ESSAY

Tell us in 500 words or less why you want to be selected as a Junior Counselor for RYLA, and how you believe your prior experience at RYLA, as well as other leadership or community service would be beneficial to your assigned Team.

Applicant Name: _____