



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 15th, 2021.
- (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 12th, 2021** in Tucson. Home hosting will be available Saturday night, January 11th 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 2020.

TO APPLY: Complete the attached application form, including the Essay.
Deliver to your Sponsoring Rotary Club by November 1st.



Applicant: Deliver completed application to local sponsoring Rotary Club
Rotary Club: Mail or email approved application to RYLA Registrar:
 Rotary District 5500, c/o Liz Cohn, PO Box 65716, Tucson, AZ 85728
Email: rotaryliz@aol.com **Application Deadline: November 1, 2020**
Questions: RYLA Chair Page Misenheimer Email pageyrc@gmail.com

District 5500 Rotary Youth Leadership Awards <u>Junior Counselor Application</u> January 15th-18th, 2021 Chapel Rock, Prescott, Arizona Junior Counselors will ride up on Charter Buses	Please attach a current photo or Email one with completed application
The entire \$450 cost of attending the RYLA Conference will be paid by your local Rotary Club. Successful applicants are required to attend the entire conference 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 letter of indemnity.	

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: S, M, L, XL, XXL, XXXL: _____
Street Address:		City:	Zip:
Cell #	Email:		
High School or College:		Grade: 9th,10th,11th,12 th ,Fres, Soph _____	
Have you attended RYLA before:		If yes, what year:	
Legal Guardian (if under 18):	Email:	Cell Phone #	
Emergency contact name:	Relationship:	Emergency Contact Cell Phone #	
Name of Sponsoring Rotary Club:		Club Contact:	
Dietary Allergies:		Dietary Preferences (e.g. vegetarian, vegan, gluten-free):	
Interests/Talents/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 and 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)

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 _____

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

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 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 your child covered by medical insurance? YES or No _____ AHCCSS: Yes or No _____

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 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 my conduct be considered unacceptable at any time in the opinion of the District Governor, RYLA Chair or member of the Admin Team or should I transgress any code above, 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 from Chapel Rock.

Junior Counselor (Print): _____ Sign Here: _____ Date: _____

Print Parent/Guardian Name: _____ Sign Here: _____ Date: _____



DISTRICT 5500 RYLA WORKSHOP CONSENT FORM

In consideration of being accepted as a Jr Counselor at the 2020 RYLA Workshop, I agree as follows (please initial each statement):

_____ 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.

_____ EMERGENCY MEDICAL TREATMENT AUTHORIZATION: I authorize the Rotary Youth Leadership Awards Workshop District 5500 **Committee to act for my child 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.

Junior Counselor Name: _____

Date: _____ Junior Counselor Sign Here: _____

Name of Parent/Guardian: _____
(if under 18)

Date: _____ Parent/Guardian Sign Here: _____

Phone number of Parent/Guardian _____

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

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 to 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 15th-18th, 2021

PARTICIPANT INFORMATION:

Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Business 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: _____ Jr. Counselor Sign Here: _____

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: _____ Jr. Counselor Sign Here: _____

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/Guardian Sign Here: _____
(if participant is under age 18)

Date: _____ Parent/Guardian Sign Here: _____
(if participant is under age 18)



DISTRICT 5500 RYLA WORKSHOP SPONSOR FORM
To be completed by the Sponsoring Rotary Club (NEW)

Name of Rotary Club: _____

Jr Counselor being sponsored: _____

Rotary Club Contact: _____

Rotary Contact Cell #: _____ Email: _____

Club certification:

_____ Application has been reviewed for completeness (including medical & emergency contact numbers verified). **Incomplete applications will be returned to the Club to be completed.**

_____ Jr Counselor has been interviewed and selected

_____ No refunds will be given for any delegate who cancels after December 10. A club may substitute an alternate delegate to fill this space. Otherwise the space will be given to the next delegate on the waiting list.

_____ If a delegate fails to follow the Delegate & Junior Counselor Code of Conduct or their conduct is considered unacceptable at any time in the opinion of the District Governor, RYLA Chair or member of the Admin Team, they will be dismissed from RYLA and sent home. **Both parent(s) and the Club Contact will be called. If the parents are unable or unwilling to pick up their son/daughter from Chapel Rock in a reasonable period of time, the Club agrees to come pick up the delegate and take them home.**

Club Contact Sign Here: _____

Date: _____

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: _____