## Rotary Youth Leadership Award (RYLA) Application

**High School Candidate Information Form** 

RYLA Program June 29 - July 3, 2019 at the RIT Campus

Section 1 Candidate's Information (Please TYPE all information inside the boxes and then print to sign) (NO HANDWRITTEN applications will be accepted)

| Last Nar          | ne               | First Name                                                                             |                 | Nick Nam        | e             | Gender    |
|-------------------|------------------|----------------------------------------------------------------------------------------|-----------------|-----------------|---------------|-----------|
|                   |                  |                                                                                        |                 |                 |               |           |
| Home Addres       | SS               | City                                                                                   |                 | State           | Zip Code      | _         |
|                   |                  |                                                                                        |                 |                 |               |           |
| Cell #            |                  | E-mail address                                                                         |                 | High School A   | ttending      | Grad. Yea |
|                   |                  |                                                                                        |                 |                 |               |           |
| Awards & Reco     | ognitions        | S                                                                                      | pecial Intere   | ests / Talents  |               | <u></u>   |
| Parents Name      |                  |                                                                                        |                 |                 |               |           |
| Full Address      |                  |                                                                                        |                 |                 |               |           |
| Phone #s          | Home #           | Cell #                                                                                 |                 |                 |               |           |
| Section II        |                  |                                                                                        |                 |                 |               |           |
| Health Insuran    | ce Co.           |                                                                                        |                 | Policy #        |               |           |
|                   |                  |                                                                                        |                 |                 |               |           |
| List any limiting | g physical Disal | oilities or conditions, allerg                                                         | gies, medicat   | ion and special | dietary needs |           |
| activities, inclu | ding those whi   | are expected to be in good<br>ch are somewhat strenuod<br>ling medical issues prior to | us. It is the p | -               |               |           |
|                   |                  |                                                                                        |                 |                 |               |           |
| Emer              | gency Contact    | person                                                                                 | Relations       | ship            |               |           |
| Phone # Hor       | me #             | Work #                                                                                 |                 | Ce              | ell#          |           |
| Candidate Sign    | nature & Date    |                                                                                        |                 |                 |               |           |
|                   |                  |                                                                                        |                 |                 |               |           |
| Paren             | nt / Guardian S  | ignature (required for stud                                                            | dents under     | 18 years old)   |               | <br>Date  |

## Rotary Club Endorsement: Please type in all information

| The Rotary Club of School RLYA program for the dates identified                                 | d at the top of t | will sponsor the above candidate for the High his application. |  |  |
|-------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------|--|--|
|                                                                                                 |                   |                                                                |  |  |
| Type in Club President or RYLA Chair name                                                       |                   | Signature                                                      |  |  |
| E-Mail address                                                                                  |                   |                                                                |  |  |
| The local Rotary Club is to mail in the complet check for \$570 payable to Rotary District 7120 | -                 | form (all pages) with all signatures and with a                |  |  |
| Julie Carney                                                                                    |                   |                                                                |  |  |
| 257 Linden St<br>Avon, NY 14414                                                                 |                   |                                                                |  |  |
| If you have any questions please contact Julie                                                  | · Carney, Distric | t 7120 RYLA Chair by:                                          |  |  |
| E-mail: juliecarney7120@gmail.com                                                               | OR P              | none: (585) 519-9466 (cell)                                    |  |  |

Write an essay in which you address the following essential question:

"What does it mean to be a good leader?"

In your essay be sure to include the following:

- Your definition of leadership;
- Attributes of a good leader;
- How you currently serve as a leader in your school and/or community;

| <br>learn at RYLA that v |  |  |
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| (If more space is needed for your essay, please continue below.) |  |  |  |
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## LEADERSHIP RESPONSIBILITY CONDUCT GUIDE FOR HIGH SCHOOL RYLA

## I UNDERSTAND THAT

- 1. I have made a commitment to attend the RYLA camp and will notify the sponsoring Rotary Club immediately if conflicts arise.
- 2. I may not arrive late, or leave the camp earlier than the camp's schedule.
- 3. I shall attend all meetings, activities, and meals. Meals are to be eaten with other camp participants and I shall be responsible for cleaning my area after the meal.
- 4. I MUST SLEEP in the dormitory room to which I am assigned. LIGHTS OUT is at the scheduled time and means I shall be quiet thereafter.
- 5. There are separate dormitory areas for males and for females. This is for the privacy and security of all concerned.
- 6. Recreation activities are limited to those periods of the day and evening scheduled for such activities.
- 7. If any person is injured or becomes ill, I will contact immediately the Camp Coordinator or the Camp Mom/Pop.
- 8. I will report any damage or breakage immediately to the Camp Mom/Pop.
- 9. SMOKING IS PROHIBITED. This is to respect the health of all participants and because of the potential fire hazard.
- 10. ANY MEDICATIONS, whether prescribed or "over the counter" must be identified on the container. Unidentified medications, alcohol, weapons or cigarettes found in the possession of any participant will be confiscated.
- 11. Foul or abusive language (including anything of a discriminatory nature) will not be tolerated nor will physical violence or threats thereof be allowed.
- 12. Any sexual or lewd misconduct by and/or between myself and other participants will be considered unacceptable behavior.
- 13. I MAY NOT leave the camp area FOR ANY reason without the permission of the Mom/Pop.
- 14. Confidentiality is important. Anything you have shared or shared with your camp group should remain in that group; however, camp leaders are mandated by law to report any suicide or abuse issues to the proper authorities.
- 15. I am to conduct myself in all sessions, activities, in the dining hall, in sports and in the dormitory in a manner, which will bring credit to my school, my sponsoring Rotary Club, my family; and myself and which will not cause injury to another person.
- 16. I will present a program on RYLA to my sponsoring Rotary Club.

I have read the GUIDE and do hereby agree and commit to honoring them. SHOULD MY CONDUCT BE CONSIDERED UNACCEPTABLE AT ANY TIME AT THE DISCRETION OF THE CAMP LEADERS, OR SHOULD I TRANSGRESS ANY OF THE CODES STATED ABOVE, I UNDERSTAND THAT I WILL BE DISMISSED FROM THE CONFERENCE AND WILL BE SENT HOME.

| Participant Signature     | _ | Date |
|---------------------------|---|------|
|                           |   |      |
| Parent/Guardian signature |   | Date |