

Adult Volunteer Application  
(Please Return by June 30th)

**All participants in the RYLA Program are Required to have a Completed Covid-19 Vaccination card.**

Rotary Club: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle INT: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
Email: \_\_\_\_\_

Position: (Circle one)

- 1) Counselor (over age 21)
- 2) Jr. Counselor (under age 21)
- 3) Counselor Aid (assist Counselors)
- 4) Aid (Miscellaneous assistant)

**NOTE: Mandatory meetings for all Counselor positions starting at 12 Noon the Wednesday before students arrive and following the end of the program on Sunday.**

T-shirt Size: (circle one)

XXL XL L M S

Describe the youth-related events in which you have been involved and the role you played. (Use additional paper if needed)

How many years have you served as a counselor at a RYLA event? \_\_\_\_\_

What qualifications make you an exceptional counselor?

Have you ever been arrested? No \_\_\_ Yes \_\_\_ (If yes provide details)

Have you ever been convicted of or pleaded guilty to any crime(s)? No \_\_\_ Yes \_\_\_ (If yes provide details)

Have you ever been subject to any court order involving sexual, physical or verbal abuse? No \_\_\_ Yes \_\_\_ (If yes provide details)

**(Please provide a copy of Drivers Licenses along with all signed forms)**

Completion of this application constitutes agreement that the applicant will attend all required Mandatory meetings; abide by the guidelines and rules established at those meetings for the RYLA Program. (Mandatory Meetings: The Wednesday before the Applicant's arrive and Sunday at the end of the program.)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Club RYLA Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax ALL Pages to (985)872-2252 or email to [tmcnabb@houma.com](mailto:tmcnabb@houma.com) Page 1 of 3**

**HEALTH FORM**

All participants in the RYLA Program are Required to have a Completed Covid-19 Vaccination card.

**This information is confidential and will only be used if urgent medical assistance is required and will only be provided to the Medical Officer.**

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:

- |              |                                 |
|--------------|---------------------------------|
| ALLERGIES    | HERNIAS                         |
| ASTHMA       | PNEUMONIA                       |
| APPENDICITIS | ULCERS                          |
| ARTHRITIS    | RHEUMATIC FEVER                 |
| DIABETES     | SERIOUS OR PERSISTENT HEADACHES |
| EPILEPSY     | VERTIGO, DIZZINESS              |

ANY DISEASE, IMPAIRMENT OR ABNORMALITY OF:

- |                 |                                     |
|-----------------|-------------------------------------|
| EYE OR SIGHT    | HEART OR BLOOD VESSELS              |
| EARS OR HEARING | LUNGS, RESPIRATORY SYSTEM           |
| TONSILS NOSE    | BONES, JOINTS, OR LOCOMOTOR SYSTEMS |
| THROAT          | SKIN                                |
| STOMACH         | DIGESTIVE SYSTEM                    |

**PLEASE NOTE: Applicant to bring own gluten or yeast free bread if required.**

Will Applicant be bringing any prescribed medication with them? **YES** [  ] **NO**[  ]

If **YES** please list them and ensure a supply for 6 days.

Medication, dosage and reason

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**[Please check medication in with R.Y.L.A. Administration Officer on site]**

Name of Insurance Company..... Policy Number.....

Billing Address of Insurance Company.....

Family Physicians Name..... Telephone Number.....

Emergency Contact..... Telephone Number.....

Has the Applicant been immunized against Tetanus? YES When? ..... NO [  ]

**PERMISSION FOR MEDICAL CARE:**

As a volunteer, I agree to authorize the RYLA Program District 6200 Committee to act for me in the case of any emergency, accident and/or illness during the RYLA Program where I am deemed unable to make a rational decision for myself.

Signature of Volunteer..... Date / /

