DISTRICT 6200 RYLA Program

Adult Volunteer Application
(Please Return by April 30th)

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

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.

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
ASTHMA
APPENDICITIS
ARTHRITIS
DIABETES
EPILIPSY
HERNIAS
PNEUMONIA
ULCERS
RHEUMATIC FEVER
SERIOUS OR PERSISTENT HEADACHES
VERTIGO, DIZZINESS

ANY DISEASE, IMPAIRMENT OR ABNORMALITY OF:

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

_____

_____

[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 / /

RYLA Volunteers (Counselor and Assistant Counselor)

The role of the Rotarian Counselor (C) Assistant Counselor (AC) and Jr. Counselors (JC) is to work closely with the youth and serve as a group facilitator. The C, AC and JC must set the example at all times. You may be asked to share your life experiences with the youth, facilitate group discussions and other activities, and supervise housing arrangements.

Counselors and Assistant Counselors:

1. All adult volunteer applicants will be screened and undergo a background check.

2. All individuals selected as counselors will be required to attend a one-day training session the Wednesday at Noon prior to the beginning of the program and remain at the RYLA Program though out its entirety (Including the Dismantling of the CAMP.)

3. All must be in good health.

4. All counselors should have some experience working with youth and be familiar with the current concerns and challenges faced by them.
(This will be covered during training).

5. Will be responsible for transportation to and from the Camp.

6. All applications will be reviewed and counselors selected on the basis of who will best be able to serve the youth.

7. Once selected notifications will be sent to all applicants by mail or email or phone call.

8. Training materials, handbooks, and shirts will be provided at during the Training.

9. Billeting and food for the training and certification program will be covered by RYLA.

10. RYLA is a smoke, drug and weapons free Program.

By signing this form, I agree I have read and will abide by the above rules.

Signature of Volunteer..... Date / /