

Leadership development center 2010

DELEGATE APPLICATION

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YMCA Point Bonita Outdoor & Conference Center
July 16 – 19, 2010



Purpose: The Leadership Development Center (LDC) is a four-day conference designed to empower youth to serve their communities through service learning and education. Delegates attending LDC will be provided with learning experiences focused on leadership development, community involvement, and disaster preparedness. Youth will become trained community disaster educators, learn how to start a Red Cross Club, attend workshops about diversity and public speaking, and gain experience in team building, leadership roles, CPR and first aid, disaster and emergency preparedness, and international humanitarian law. All delegates are required to make one year commitment to Red Cross service.

Location: The YMCA Point Bonita Outdoor & Conference Center
981 Fort Barry, GGNRA
Sausalito, CA 94965
www.ymcasf.org/ptbonita

Deadline: Completed applications must be turned in by May 21, 2010. NO EXCEPTIONS.

Acceptance: Delegate applicants must be entering grades 9-12 to be considered. No previous Red Cross experience is required to apply. Delegates will receive acceptance notification on June 11, 2010.

Orientation: LDC staff will be hosting two simultaneous orientations for parents and delegates on July 10, 2010 from 10 a.m. - noon. These orientations will introduce delegates and their parents to LDC and go over what to expect from the conference. Both parents and delegates are required to attend and we ask that you take this into consideration before you apply.

Please choose the chapter location most convenient for you to register for the LDC orientation.

- San Francisco (85 Second Street, 8th Floor, San Francisco, CA)
- Oakland (3901 Broadway, Oakland, CA)

Fees: The total cost for delegates is \$215 (\$50 deposit + \$165 camp fee).

Deposit: Delegates must submit a \$50 non-refundable deposit upon acceptance, postmarked no later than Friday, June 18, 2010.

Camp Fee: The remaining camp fee of \$165 will be due no later than Friday, July 2, 2010.

To Apply: Please mail, fax or email a completed delegate application to:
American Red Cross Bay Area Chapter
85 Second Street, 8th Floor
San Francisco, CA 94105
Fax: (415) 427-8022
arcbayouth@usa.redcross.org

Scholarship: Need-based scholarships may be available upon request. Please consider your need thoroughly. We have a limited number of scholarships available, so we will do our best to accommodate your request. Will you require a need-based scholarship to attend LDC 2010?
(*Requesting a scholarship does not impact your application.*)
 No Full Partial (estimated family contribution \$ _____)
Have you applied for LDC financial assistance before?
 Yes No If yes, what year? _____ What was the amount awarded? \$ _____
Please state below why there is a need for financial assistance including any existing special circumstances.
(*This section must be completed in order to receive financial assistance.*)

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QUESTIONS FOR ALL DELEGATES:

Please answer the following questions in the space provided below.

1. What motivated you to apply as a delegate for LDC 2010?

2. What are your expectations of LDC 2010 and what do you hope to gain from your experience?

3. Describe a time in your life when you showed leadership OR a time when you made a difference.

Please list any last thoughts or qualifications that you would like us to know when considering you as a LDC 2010 delegate.

SIGNATURE

By signing, I verify that:

I have completed all parts of the application and answered all questions truthfully and honestly.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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LIABILITY WAIVER (page 4 of 5) (for events involving adult and minor participants)



I/my minor child, _____, wish/es to participate in the Leadership Development Center to be held at the YMCA Point Bonita Outdoor & Conference Center (981 Fort Barry GGNRA, Sausalito, CA 94965) on July 16-19, 2010.

I am aware that participation in the Activity is potentially hazardous and entails a risk of physical injury. I understand and agree that I/my child am/is electing to participate at my/his/her own risk. I am not aware of any physical or medical condition that would interfere with my/my child's ability to participate.

IN CONSIDERATION OF MY/MY CHILD BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY RELEASE AND DISCHARGE THE AMERICAN NATIONAL RED CROSS, THE AMERICAN RED CROSS BAY AREA CHAPTER AND ALL OF THEIR EMPLOYEES, VOLUNTEERS, OFFICERS, AND AGENTS ("RELEASEES") FROM ANY AND ALL CLAIMS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM OR IN ANY WAY CONNECTED WITH MY/MY CHILD'S PARTICIPATION IN THE ACTIVITY, EXCEPT WHERE THE SAME IS CAUSED BY THE WILLFUL MISCONDUCT OR GROSS NEGLIGENCE OF THE RELEASEES.

For parents/guardians of minor participants only: As the minor's parent/guardian, I hereby consent to his/her participation in the Activity. If my child is injured or becomes ill and neither I nor the other parent/guardian can be reached at the numbers below, I give the American Red Cross permission to seek medical attention for my child.

BY SIGNING THIS WAIVER, I AFFIRM THAT I HAVE READ AND UNDERSTAND IT AND AGREE WITH ITS CONTENTS.

Signature of Participant or, if Participant is a Minor,
the Participant's Parent/Guardian

Date

Printed Name of Participant or Participant's Parent/Guardian

I understand that I/my child may be photographed during the course of the Activity. I grant full and unlimited permission to the American Red Cross Bay Area Chapter, and their agents and affiliates to use my/my child's name, photographs or any other record of participation in this Activity in any broadcast, telecast or other account of the Activity for publicity purposes, without compensation, by placing my initials here. _____

EMERGENCY INFORMATION

(To be provided by parent/guardian of minor participant)

Please indicate how we can reach you in an emergency:

Parent/Guardian 1:
Name: _____

Parent/Guardian 2:
Name: _____

Daytime: _____

Daytime: _____

Evening: _____

Evening: _____

Cell: _____

Cell: _____

Physician:
Name: _____

Phone: _____

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Health History Form (page 5 of 5)

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Delegate Name

Birth Date

Insurance and Physician Information

Insurance Company

Policy/Group Number

Physician Name

Physician Phone

Has there been any history of the following? (Check all that apply)

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Diabetes | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Eye Trouble | <input type="checkbox"/> Heart Trouble | |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Fainting | <input type="checkbox"/> Hives | |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Shortness of Breath | |

Additional comments on checked answers: _____

Date of last tetanus immunization: _____

Specific dietary needs: _____

Allergies: _____

Is your child allergic to bee stings? Yes No

If so, does your child carry any medicine? Yes No Information: _____

Is the delegate in good health and able to participate in all normal camp activities? Yes No

Please explain any restrictions, including special needs: _____

Has there been a recent history of any of the following? (Check all that apply)

- | | | |
|---|---|------------------------------|
| <input type="checkbox"/> Antacid Dosage: _____ | <input type="checkbox"/> Cough Medicine Dosage: _____ | Throat Lozenge Dosage: _____ |
| <input type="checkbox"/> Aspirin Dosage: _____ | <input type="checkbox"/> Ibuprofen Dosage: _____ | Tylenol Dosage: _____ |
| <input type="checkbox"/> Benadryl Dosage: _____ | <input type="checkbox"/> Sinutab Dosage: _____ | |

Medications currently being taken and their prescribed use: _____

Would you like the American Red Cross staff to dispense these medications to your child while she/he is at the conference?

Yes No

If yes: The name of the medication, the dosage, and the condition for which it is prescribed must be written on the container. Medication not properly identified will not be dispensed.

If no: As a parent or legal guardian of the above named minor, I understand that my child will be self-dispensing the aforementioned medications. I assume all risks associated with this decision and hereby waive, release, absolve, indemnify, and agree to hold harmless the American Red Cross and the YMCA Point Bonita, its employees, volunteers, and officers for any claims arising out of injury or death to this minor.

Parent/Guardian Signature

Date