



2012 Extreme Youth Leadership Camp
Volunteer Application

I would like to volunteer at:

June 23 - 29, 2012 Schreiner University, Kerrville, Texas

Application Deadline: April 2, 2012

Instructions:

Please TYPE or PRINT clearly and fill out application completely. Volunteer Applicants are responsible for faxing, emailing or mailing completed application, attached questions and background check forms with signatures to EYL by the application deadline of April 2, 2012.

Full Name: _____ Age: _____ Birth Date: _____ M / F
Address: _____ City: _____ State: _____ Zip: _____
Email Address: (Main form of communication) _____ Home Phone: _____
Roommate Preference (Request is not guaranteed): _____ Cell/Mobile Phone: _____
T-shirt Size: (circle one) S M L XL XXL Other: _____ Grade level entering next school year: _____
Ethnic Background: (circle one) Caucasian / African American / Hispanic / Asian / Native American / Other _____
Do you have? Facebook: _____ Yes _____ No Twitter: _____ Yes _____ No
Parent/Guardian Name (if under 18): _____ Phone: _____

Two Emergency Contact Persons (other than parent/guardian):

Name: _____ Phone: () _____
Name: _____ Phone: () _____

I understand that:

- a. I must stay on site the entire time camp is in session, and
b. I will participate in all camp activities, and
c. I release EYL and/or PDAP and/or Partner Agencies to use ideas, photographs and / or film that may be taken during EYL Camp activities.

VOLUNTEERS APPLICANTS: Decisions will be based on adequate experience, results of criminal/sex offender background check, and alcohol, tobacco and other drug free lifestyle as well as your answers to the attached questions.

Liability and Medical Release Form

In consideration for being accepted by Extreme Youth Leadership for participation at the 2012 Extreme Youth Leadership Camp, we (I) being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Extreme Youth Leadership, Palmer Drug Abuse Program, Schreiner University and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participation in the above named conference.

(If the participant has not attained the age of 18 years): We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activity, and hereby given our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility for all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

We (I), understand the onsite medical staff will administer the required medication to my child.

Do you have Medical Insurance? [] YES [] NO

IF YES, PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.

Insurance Company Name _____

Policy #: _____

Physician Name: _____

Physician Phone: () _____

Will participant be taking any medication? [] YES [] NO

If YES, please specify: _____

Any allergies (food, medical, etc.)? [] YES [] NO

If YES, please specify: _____

Parent's Printed Name (If participant under 18 years of age)
Parent's Signature and Date (If participant under 18 years of age)
Participant's Signature and Date

We are honored that you are submitting your application to serve as an Extreme Youth Leadership Training Camp Volunteer. In our effort to find qualified volunteers for EYL Camp, decisions will be based on adequate experience, results of criminal/sex offender background check, an alcohol, tobacco and other drug free lifestyle as well as answers to the following questions.

EYL will conduct a background check on each applicant under consideration. If you choose not to provide this information, EYL cannot process your application. Your signature on this volunteer application form is verification of your acceptance of these terms.

I can participate in all of the EYL Volunteer Training (starts 6pm Saturday, June 23, 2012) _____ Yes _____ No

I can stay thru the end of EYL Training Camp and Volunteer Closing (ends by 4pm Friday, June 29, 2012) _____ Yes _____ No

(1) Why do you want to be a volunteer at the EYL Training Camp?

(2) What strengths do you possess that make you a good volunteer?

(3) What is an area in which you need additional training to become a better volunteer?

(4) From your perspective what is the most important part of EYL Camp?

(5) Do you lead a life free of alcohol, tobacco and other drugs? Why or Why not?

(6) What methods do you use for problem solving?

Please provide us with 2 references that may be contacted to vouch for your volunteer and leadership abilities? Please include all contact information for listed references.

Reference 1:

Name: _____ Relationship to person: _____ Years Known: _____

Phone: _____ Email: _____

Reference 2:

Name: _____ Relationship to person: _____ Years Known: _____

Phone: _____ Email: _____

Applicant Printed Name

Applicant Signature

Date

Parent Signature (if under 18) Date

Please make sure application and background check contains your signature.
Please submit this completed application via fax to 432-685-0120 or email to campdirector@eylat.org or
by mail to: EYL – 1208 W. Wall Street – Midland, TX 79701
Please Submit by April 2, 2012

3. ___Yes___ No Have you ever received probation or community supervision for any federal, state or municipal offense?

If yes, please provide details below.

State:_____ County:_____ Date of Offense:_____/_____/_____

Details of Conviction:_____

4. ___Yes___ No Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

If yes, please provide details below.

State:_____ County:_____ Date of Offense:_____/_____/_____

Details of Conviction:_____

5. ___Yes___ No As of the date of this consent form, do you have any pending charges against you?

If yes, please provide details below.

State:_____ County:_____ Date of Offense:_____/_____/_____

Details of Conviction:_____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE COMPANY.

Signed this _____ day of _____, 20_____.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____

PARENTS NAME (IF UNDER 18) _____

PARENTS SIGNATURE (IF UNDER 18) _____