



**2010 Extreme Youth Leadership Camp  
Volunteer Application**

I would like to be a volunteer at:  
(you may apply for both camps)

\_\_\_\_\_ June 27 – July 2, 2010      Schreiner University, Kerrville, Texas  
 \_\_\_\_\_ July 18 – 23, 2010      Angelo State University, San Angelo, Texas

**Application Deadline: April 16, 2010**

**Instructions:**

Please **TYPE** or **PRINT** clearly and **fill out application completely**. Volunteer Applicants are responsible for faxing or mailing completed application, attached questions and background check forms to EYL by the application deadline of **April 16, 2010**.

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M / F  
 Email Address: (Main form of communication) \_\_\_\_\_ Phone: \_\_\_\_\_  
 Roommate Preference (Request is not guaranteed): \_\_\_\_\_  
 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 \_\_\_\_\_  
 Parent/Guardian Name (if under 21): \_\_\_\_\_ 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 PDAP 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 2010 Extreme Youth Leadership Camp, we (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Extreme Youth Leadership, Palmer Drug Abuse Program, San Angelo State University/Schreiner University and the directors there of 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. Furthermore, we (I) (and on the behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and all activities involved there. Furthermore, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging of this participant. The undersigned further agree to hold harmless and indemnify said organization, its directors, employees and agents, from any liability sustained by said organization as the result of negligent, willful or intentional act of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 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 nurse and/or the youth sponsor 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 21 years of age)

\_\_\_\_\_  
Parent's Signature and Date (If participant under 21 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.

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

(2) Have you ever attended EYL Training Camp, MADD Power Camp or TWOD Youth Leadership Camps? If yes, when and in what capacity?

(3) Why do you want to be a part of EYL Camp?

(4) What is the most important part of EYL Camp?

(5) When is the best time to reach you for a phone interview?

(6) Who are 2 references that may be contacted to vouch for your leadership abilities? Please include all contact information for listed references.

(7) Can you attend all of the EYL Volunteer Training prior to camp? And can you stay through the end of EYL Training Camp and Volunteer Closing?

(8) Do you have a myspace, facebook or twitter account?

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if under 21)

\_\_\_\_\_  
Date

Please submit this completed application via fax to 432-685-0120 or  
by mail to: EYL – 1208 W. Wall Street – Midland, TX 79701



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) \_\_\_\_\_