



**RYLA 2018 COUNSELOR/ ELDER/ STAFF INFORMATION FORM**

*To be completed so we can update your information. Return to by December 1, 2017.*

Counselor's Name: \_\_\_\_\_ Male  Female

Preferred Name: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone:(\_\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

DISC Type (Check one per pair):  D / I —  D / S —  D / C —  I / D —  I / C

I / S —  S / D —  S / I —  S / C —  C / D —  C / I —  C / S

Strength Finders (Top 5 Strengths): \_\_\_\_\_

\_\_\_\_\_

Goals for RYLA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic/Career Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signed by Counselor** \_\_\_\_\_ **Date** \_\_\_\_\_

**T-Shirt Size:** (Adult Only; Choose One) S  M  L  XL  2XL  3XL  4XL



In accepting the role of a Counselor, Trailblazer or staff at RYLA, I understand that it requires I meet the following standards. These standards have been established to ensure the best possible experience for the attendees of the camp and to lend to the success of the program.

1. I will seek to make all attendees feel welcome and accepted. I will remember that I am a mentor to these students and that they will be influenced by what I say and do. I will not participate in or accept behavior that does not follow the 4-Way Test while at RYLA.
2. I will maintain a high level of professionalism as a Counselor, Trailblazer or staff at RYLA. I will not discuss inappropriate topics, use inappropriate words or make any advances towards any attendee. I will remember: Every single attendee is a minor!
3. I will report *any* problems, concerns, or potential problems to a member of Counselor Training Leadership Team or another Rotarian leader immediately.
4. I will assist Cabin Leaders as needed to make students are in their cabins per the schedule. I will also make certain that my cabin area is kept neat and clean.
5. I will be attentive to time, meetings and the content of the camp. I understand RYLA has a goal and I am responsible for ensuring that goal is reached to the best of my ability.
6. I will stay positive and maintain an even temperament.
7. I understand that we are a team and that no one can be everywhere and do everything. If I see something that needs to be done, I will do it. I will do my best to keep all of my areas neat and clean and when leaving an area I will not leave trash behind.
8. I will bring the necessary camp supplies to camp (flashlight, bug spray, etc.).
9. I understand that no unapproved visitors are permitted at any time. In addition, I will use my cell phone only for official camp business and keep it hidden from the campers.
10. I will show up to morning meetings and other meetings that may be called and will stay with my group during all times when I'm supposed to. If I am able to participate in an activity, I will.
11. I will dress appropriately and represent RYLA and Rotary to the best of my ability.
12. I will complete any pre-RYLA projects that I have agreed to do.
13. I will remember to keep all skits and presentations "family-friendly."
14. Trailblazers: I understand that this is an opportunity for me to learn more about the RYLA program and explore and grow my leadership style and skills.
15. Junior Counselors: I understand that this is an opportunity for me to explore and grow my leadership style and skills.
16. Senior Counselors: I understand that I am the leader of my group at a leadership camp. I will do my best to exemplify what a good leader should be.

I have read and understand the terms of the RYLA Counselor/Trailblazer/Staff Agreement. I will uphold the expectations and standards set forth here.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Photography/ Story Release*

*I hereby give the sponsoring Rotary club, hosting Rotary Club of Corpus Christi, and Rotary District 5930, its successors and assigns and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use my name and/ or photographic likeness; still, single, multiple or moving; in which I may be included in whole or in part, or composite.*

*I waive any right to inspect and approve the finished product or copy that may be used or the use to which it may be applied. This authorization and release covers the use of said materials in any published or broadcast form, (with any medium of advertising, publicity or trade in any part of the world) for a period of ten years.*

*Furthermore, I, for myself, my heirs, executors, administrators, or assigns, transfer to the organization, its successors and assigns, all of my rights, title and interests in and to all representatives of the organization.*

*I hereby warrant that I am of full age, or the parent/ legal guardian of the child/ minor named below and have every right to contract in my own name in the above regard. I state further that I have read the above authorization, release and agreement prior to its execution and that I am fully familiar with the contents thereof.*

***Check box if you DO NOT give permission to use your picture.***

*Student Name (Please print or type):* \_\_\_\_\_

*Student Signature:* \_\_\_\_\_

***If Counselor/Trailblazer is under the age of 18, a parent/ guardian must also sign. No electronic signatures accepted for this signature. You must print, sign, scan and send to [mmcqueen2@delmar.edu](mailto:mmcqueen2@delmar.edu).***

*Parent/ Guardian Name (Please print or type):* \_\_\_\_\_

*Parent/ Guardian Signature:* \_\_\_\_\_

Guardian must also sign if participant is under 18.

Name \_\_\_\_\_ Male  Female  Age \_\_\_\_\_

School \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Name of Primary Insurance Policy \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Is this camper allergic to Tetanus Booster? Yes  No

Has Camper Had (check Yes or No):

Medical Authorization

Appendix Removed: Yes  No

Will medication be taken at camp? Yes  No

Fainting Spells: Yes  No

If yes, please fill out below:

Asthma: Yes  No

Medication: \_\_\_\_\_

Heart Trouble: Yes  No

Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_

Convulsions: Yes  No

Activities to limit: \_\_\_\_\_

Diabetes: Yes  No

Allergies to food or medicine? Yes  No

Specify: \_\_\_\_\_

Other (i.e. recent traumatic injury; please describe) \_\_\_\_\_

Are you required to carry an epinephrine auto injector? Yes  No

Have you ever had an anaphylactic reaction? Yes  No

Does Camper have any Existing Medical Conditions/Special Needs that need to be noted by staff? \_\_\_\_\_

I \_\_\_\_\_ (Name) consent to participating in RYLA.

I give/my child has permission to engage in all prescribed activities, except as noted above by me. I also understand that all rules and regulations for this event will be enforced and any violation by me/my child will result in possible removal from camp.

In consideration of participation in this event, I agree, on behalf of myself/my child and my/my child's heirs and representatives to fully and forever release, discharge, indemnify and hold harmless Rotary Club of Corpus Christi, Rotary District 5930, any sponsoring Rotary clubs, and Camp Zephyr, their agents, servants and employees, successors, insurers, assigns, and all other persons, firms or corporations who might be liable, from any and all claims, demands, damages, charges, costs rights or causes of action of whatever nature, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this event.

I also hereby authorize any medical treatment required by me/my child while in attendance at this event. I have described above any special medical or other needs required by me/my child, and will notify event personnel of any special needs or information required by me/my child.

Date Signed: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

If under 18, a Parent/Guardian must also sign, electronic signature not accepted for Parent/Guardian. You must print, sign, scan and send document to mmqueen2@delmar.edu.

Print Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Other person to notify in case of an emergency: \_\_\_\_\_

Other emergency phone: \_\_\_\_\_



# Sexual Abuse Response Policy and Procedures

## Statement of Conduct for Working with Youth

Rotary International is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners, and other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

Your welfare is extremely important to us. We have prepared this document for your safety. Please read it carefully. This information may help you better understand what sexual abuse and harassment are and help you protect yourself by preventing potential abusive situations before they happen. In the unlikely event that you are subjected to sexual abuse or harassment, this document will help you understand what you can do about it. Please share this information with your parents so that they also know that we are committed to your safety and protection.

### CAMPER PROCEDURES

If you are sexually or physically abused or harassed, or are accused of sexually or physically abusing or harassing another person, you should follow this procedure:

1. Report the situation immediately to the person with whom you feel most comfortable.
  - A Rotary Club Counselor or any Rotary Club Member.
  - If you are not comfortable talking to a local person, contact a trusted Rotarian at home.
  - Your complaint will be received in a sensitive and confidential manner. Each of the above individuals has been instructed in how to deal with this type of situation.
2. If appropriate action is not taken when you report the situation, report it again and continue reporting it until someone takes you seriously. Make sure that it is understood that you are serious.
3. When you are uncomfortable with someone else's behavior, and you think it is sexual in nature, please trust your judgment and report it to someone else.

### ALLEGATION REPORTING GUIDELINES

If you report an allegation of abuse or harassment, these are the guidelines the Rotarians will follow.

1. When receiving the report from you, they will:
  - Listen attentively and stay calm. They will acknowledge that it takes a lot of courage to report abuse. They will listen and be encouraging.
  - Protect you. They will first ensure your safety and well-being. They will remove you from the situation immediately and from all contact with the alleged abuser or harasser. They will reassure you that this is for your own safety and that it is not a punishment.
  - Get the facts, but not interrogate. They will ask you questions that establish what was done and who did it. They will reassure you that you did the right thing in telling.
  - Be non-judgmental and reassure you. They will not be critical of anything that has happened or anyone who may be involved. They will assure you that the situation was not your fault and that it was brave and mature to report what happened.
  - Assure privacy but not confidentiality. They will explain that they will have to tell someone about the abuse or harassment to make it stop and to ensure that it doesn't happen to other students.
  - Record. They will make a written report of their conversation with you as soon after talking with you as they can. They will include the date and the time that they talked with you. They will use your words and will record only what you told them.

2. They will report this information as soon as possible to the hosting Club RYLA Chair, the District RYLA Chair or the District Governor providing none are the accused individual. This person will immediately notify the appropriate Law Enforcement Authorities in cases of abuse.
3. They will avoid gossip and blame. They will not tell anyone about the report other than those required by the guidelines. Care must be taken to protect the rights of both you as the victim and the alleged offender during any investigation.
4. They will not challenge the alleged offender. The adult to whom you report will not contact the alleged offender because the investigation must be left entirely to law enforcement authorities in cases of abuse. In cases of non-criminal harassment, the District RYLA Chair and RYLA Designate, who are responsible for the investigation, will contact the alleged offender after you have been moved to a safe environment.
5. They will follow-up. After appropriately reporting the allegations, Rotarians will follow up to make sure steps have been taken to address the situation.

## DEFINITIONS

**Sexual Abuse:** Refers to engaging in implicit or explicit sexual acts with a student or forcing or encouraging a student to engage in implicit or explicit sexual acts alone or with another person of any age, of the same sex or opposite sex. This includes but is not limited to:

- Non-touching offenses (such as verbal intimidation, or other indirect suggestions with which you are uncomfortable).
- Indecent exposure (unwelcome revealing of sexual body parts such as breasts or genitals).
- Exposing a student to sexual or pornographic material.
- Sexual assault.

**Sexual Harassment:** Refers to sexual advances, requests for sexual favors or verbal or physical conduct of a sexual nature. In some cases, sexual harassment precedes sexual abuse. It is a technique used by sexual predators to desensitize or to groom their victims. Examples include, but are not limited to:

- Sexual advances; sexually negative words or phrases used to insult someone, jokes, written or oral references to sexual conduct, gossip regarding one's sex life, comments about one's sexual activity, deficiencies or prowess.
- Verbal abuse of a sexual nature.
- Displaying sexually suggestive objects, pictures or drawings.
- Sexual leering or whistling, any inappropriate physical contact such as brushing or touching, obscene language or gestures and suggestive or insulting comments.

Note: More detailed procedures are provided to the Rotarians responsible for students and the RYLA and are available upon request from interested parties.

### Prepared for **ROTARY YOUTH LEADERSHIP AWARDS**

I hereby state that I have read the above Sexual Abuse Response Policy and Procedures and that I am fully familiar with the contents thereof. **If camp participant is under the age of 18, a parent or legal guardian must also sign. We cannot accept electronic signatures for guardians. You must print, sign, scan, and send to [mmcqueen2@delmar.edu](mailto:mmcqueen2@delmar.edu).**

Participant Name *(Please type or print)*: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent/Guardian Name *(Please type or print)*: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

(Directions to Camp participants: Cut out the large section below with the solid lined border. Then make two folds on the dotted lines, folding along the long horizontal line first and along the short vertical line second. This will give you a wallet or pocket-sized card to carry with you.)

<p style="text-align: center;"><b>RYLA</b></p> <p><b>Student Protection Information Card</b></p> <p>Rotary International is committed to protecting the safety and well being of RYLA students and will not tolerate their abuse or harassment. All allegations of abuse or harassment will be taken seriously and must be handled within the guidelines provided herein. The safety and well being of students is always the first priority.</p>	<p>District RYLA Chair: Jim Villaume, 361-688-1987</p> <p>RYLA Designate: Mary McQueen, 361-815-1157</p> <p>Any Rotary Club Member:</p> <p>District Governor: Betty Ramirez-Lara, 956-683-5706</p>
<p style="text-align: center;"><b>STUDENT PROCEDURES</b></p> <p>If you are sexually or physically abused or harassed or are accused of sexually or physically abusing or harassing another person, you should follow this procedure:</p> <ol style="list-style-type: none"><li>1. Report the situation immediately to the person with whom you feel most comfortable.<ul style="list-style-type: none"><li>• Contact the RYLA Designate, the District RYLA Chair, any member of the host RYLA Rotary club, or the District Governor.</li><li>• If you are not comfortable talking to a local person, contact a trusted Rotarian at home.</li><li>• Your call will be received in a sensitive and confidential manner. Each of the above individuals has been trained to deal with this type of situation.</li></ul></li><li>2. If appropriate action is not taken when you report the situation, report it again and continue to report it until someone takes you seriously. Make sure that it is understood that you are serious.</li><li>3. When you are uncomfortable with someone else's behavior, and you think it is sexual in nature, please trust your judgment and report it to someone else.</li></ol>	
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