



Youth Leadership Project Application: Information Form

To return to The Mosaic Project as a Cabin Leader in 2010, you MUST fill out this entire application and return it, by mail or fax, to the address below as soon as possible so that we can have your updated information and reserve you a spot. (This application can also be filled out online at www.mosaicproject.org/youthleaderapp.) Should you have any questions, please do not hesitate to contact us at ylp@mosaicproject.org. Thank you!

Applicant's Information

Name: First _____ Middle _____ Last _____
Nickname/Preferred Name _____ Date of Birth _____ Age _____ Male Female Transgender
Current Grade (2009-2010 school year) _____ School _____

Applicant's Primary Address: Street _____
City _____ State _____ Zip code _____ Phone (home) _____
E-mail (Please write clearly!) _____ Phone (cell) _____

Last season you attended The Mosaic Project's Outdoor School as a Youth Leader (for example Fall 2009) _____

Parent or Guardian

Name _____ Relationship to Applicant _____
Address: Street _____ City _____
State _____ Zip code _____ E-mail _____
Phone (home) _____ Phone (work) _____ Phone (cell) _____

Emergency Contact If the individual(s) listed above cannot be reached in an emergency, please contact:

Name _____ Relationship to Applicant _____
Phone (home) _____ Phone (work) _____ Phone (cell) _____

SELECT A TRAINING WEEKEND:

Weekend training retreats take place at our site in Napa. They begin on Friday night at 7:30pm and end on Sunday night at 6pm.

***Note: Only a limited number of spots will be available for vets to help during the retreat. Please contact Devin immediately if you are interested in assisting us one weekend.**

- T1: March 26-28, 2010 T2: April 9-11 T3: August 27-29 (For those only attending a fall session.)

SELECT SESSION CHOICES:

Please rank your top 3 choices of sessions for both the spring and the fall seasons. If you are offered one of those choices and do not accept it, you will NOT be guaranteed a spot. You will be placed on a waiting list and contacted if a space opens up.

Spring 2010

- Session S1 (May 3-7)
- Session S2 (May 10-14)
- Session S3 (May 17-21)
- Session S4 (May 24-28)
- Session S5 (June 1-5, Tuesday - Saturday)

Fall 2010

- Session F1 (September 20-24)
- Session F2 (September 27-October 1)
- Session F3 (October 4-October 8)
- Session F4 (October 11-15)
- Session F5 (October 18-22)

Please describe your race(s)/ethnicity(ies)*: _____

*Providing the information above is optional, yet it would be tremendously helpful if you were to do so. Because we are addressing issues of difference, it is essential that we have a diverse group of Cabin Leaders. We are not only committed to racial/ethnic diversity, but also to diversity of gender, socio-economic class, religion, culture, physical ability, personality, etc. We intend to ensure (at a minimum) racial/ethnic and gender diversity in all our programs. This information will be used only to determine this balance.

Please describe any other ways by which you identify yourself (such as socio-economic class, religion, culture, physical ability, sexual orientation, background, etc.) that you would like to share with us: _____

I will do my best to make the program successful. Therefore, I, _____, agree to:

(Youth Leader's name)

- try my best and give generously of myself.
- participate enthusiastically in all parts of the program.
- practice the MOSAIC values.
- make my best effort to understand and work with others (staff, fellow Cabin Leaders, and students).
- respect and listen to others' opinions.
- abide by all safety policies and never endanger myself or another person.

I have read and understand the expectations outlined above and accept personal responsibility for meeting them. I understand that I play a very important role in creating this program. I know that its success is partially dependent on my good effort. I am excited to participate!

»

Applicant Signature

Date

PARENT(S)/GUARDIAN(S): I have read and understand all the information provided above. I support my child's desire participate in the Youth Leadership Project and to serve as a Cabin Leader in one of The Mosaic Project's 2010 sessions. I understand that although The Mosaic Project will use care in the selection of facilities, services, and staff as well as exercise precaution for the safety of all participants and their personal property, there are certain risks inherent in attending an overnight program. I understand the nature of the program and accept the risks involved. I agree that The Mosaic Project and its directors, officers, employees, agents, and independent contractors shall have no liability of any nature for any loss or damage to property or personal injury incurred by my child while participating in the program or as a result indirectly or directly from my child's enrollment or participation in this program. I agree that jurisdiction for all legal action brought on behalf of my child will be in Alameda County, California. The prevailing party in any legal action brought against The Mosaic Project and/or its directors, officers, employees, agents, and independent contractors will be entitled to receive all of its legal fees, court costs, and out of pocket expenses from the other party. I understand that if my child is removed from the program for disciplinary reasons, it is my responsibility to arrange for transportation home. I give my permission to The Mosaic Project to use photography and video of my child and to use his/her writing and artwork in promotional, documentary, and other educational publications.

»

Parent/Guardian Signature

Date

_____ has his/her school's permission to participate in The Mosaic Project's Youth Leadership Project, including permission to miss school for a week to serve as a Cabin Leader in their 2010 Outdoor School sessions.

»

Teacher or School Counselor/Administrator Signature

Date

Youth Leadership Project Application: Medical Form

For the sake of everyone's safety and well-being, no one will be allowed to attend the program without a **completed (BOTH sides) and signed Medical Form**. Please return to The Mosaic Project along with the YLP application.

Student's Name: *First* _____ *Middle* _____ *Last* _____ *Preferred Name* _____

Social Security # _____ Age _____ Date of Birth _____ Male Female Transgender
(Optional – Necessary only in emergency requiring admission to hospital.)

Youth Leader' Primary Address _____ Youth Leader's Phone _____
Street City Zip

Parent/Guardian _____ Additional Parent/Guardian _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

Family Physician _____ Phone _____ Date of Last Tetanus Shot _____

Insurance Carrier _____ Policy # _____

Insurance Address _____ Phone _____

If parents/guardians cannot be reached in **case of emergency**, please contact (must be someone other than parent/guardian):

Name _____ Relationship to Child _____ Phone (h) _____ Phone (c) _____ Phone (w) _____

Food/Dietary Restrictions

No Yes

Vegetarian (does not eat any meat, but does eat eggs & dairy products)

Vegan (does not eat any animal products)

Lactose Intolerant (cannot eat dairy products)

Food allergies (as noted below)

Other: _____

History

The following information is required to ensure that your individual needs are met while attending The Mosaic Project's Outdoor School. Please be complete and attach additional pages if necessary. This information is confidential and will be available only to those people who need to know it for your well-being. In the event of an emergency or question regarding your medical needs, every effort will be made to contact your parent/guardian or your emergency contact.

Asthma No Yes

If yes: Does you require medication? No Only when symptoms arise Regularly-scheduled medications

Wheezing/Shortness of breath Never Rarely Only when exercising Frequently

Symptoms improve with inhaler Usually immediately Other needs (explain): _____

Medications you will bring for asthma: Inhaler Other: _____

Additional notes: _____

*Note: If you have asthma, please be sure to bring two inhalers: one for our staff to keep and one you will keep with you at all times.

Allergies No Yes

If yes: To what? pollen/grasses dust/mold insect bites/bee stings poison oak

peanuts/other nuts dairy other food (list) _____

allergies to medications (list): _____

other (list): _____

How severe are your allergies? life-threatening severe allergic reaction mild allergic reaction

Medications you will bring for allergies? Epi-Pen Inhaler Other: _____

NOTE: Benadryl will be available if needed at The Mosaic Project. If you have severe allergies which may require the use of an Epi-Pen, please send two Epi-pens: one for our staff to keep and one you will keep with you at all times.

History (continued)

Please check what applies to you:

- | | | |
|---|--|--|
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Diabetes/Hypoglycemia | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Wears Goodnights | <input type="checkbox"/> Seizures/Convulsions/Epilepsy | <input type="checkbox"/> Contact lenses |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Does not know how to swim |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Migraines | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> ADD/ADHD, hyperactivity | <input type="checkbox"/> Recent Injuries | |
| <input type="checkbox"/> Emotional condition/reaction (anger management, depression, recent divorce, death in the family, etc.) | | |

Please use the back or additional paper if necessary to respond to the following:

If you checked any of the boxes above, please provide any details (severity, frequency, medications taken, etc) we should know about:

Please explain any other medical, behavioral, or emotional condition/reaction we should know about:

Medications

List ALL medications you will bring and instructions for administering them. Please bring the medication in ORIGINAL containers.

Medication	Dose	How often	Notes

The Mosaic Project staff have my permission to administer the medications listed above.

» _____
Parent/Guardian Signature **Date**

Over-the-counter medications:

The Mosaic Project staff have my permission to administer over-the-counter medications (such as cold, stomachache, headache, allergy, and anti-inflammatory medications) and to administer first aid as deemed necessary.

» _____
Parent/Guardian Signature **Date**

(Youth Leader's name) _____ has my permission to attend The Mosaic Project's residential program. S/he is in good health and is able to fully participate in the program. IN CASE OF MEDICAL EMERGENCY, I hereby authorize the physician/health care provider selected by The Mosaic Project staff to secure all proper and required treatment for the student listed.

I will be responsible for all medical expenses incurred. I understand that if my child is removed from the program due to either medical or disciplinary reasons, it is my responsibility to arrange transportation home.

I am granting my permission for my child to ride in the private vehicles of The Mosaic Project Staff and/or any camp vehicle in case of emergency.

» _____
Parent/Guardian Signature **Date**

Youth Leadership Project Application: Transportation Form

Please return to The Mosaic Project along with the rest of the YLP application.

*All Youth Leaders **must** have their parents/guardians sign this form if they themselves are driving to the program site, are transporting other Youth Leaders, or are being transported by other Youth Leaders or other Youth Leaders' parents/guardians.*

Name _____ Phone _____ E-mail _____

Training Retreat Date _____ Session Dates _____

Location and city from which you will be leaving _____

Company that insures the car and/or driver (if applicable) _____

_____ (Youth Leader's name) has my permission to attend The Mosaic Project's Youth Leadership Project programs and to be transported to and from the program site as described above. If my child is driving the car to transport him/herself, I certify that my child and the vehicle are insured. If my child is transporting other Youth Leaders, I certify that there are enough seatbelts in good working condition for all those Youth Leaders my child has agreed to transport. If my child is being transported by another Youth Leader, (whether the vehicle is driven by that Youth Leader or a parent/guardian), I give my permission for my child to be transported to/from the program site, as described above.

I understand the nature of the transportation and accept the risks involved. I agree that The Mosaic Project and its directors, officers, employees, agents, and independent contractors shall have no liability of any nature for any loss or damage to property or personal injury incurred by my child during transportation to/from the program, whether or not they assisted in arranging carpools to transport my child.

Despite any carpool arrangements described above, I understand that if my child is removed from the program for disciplinary reasons, that it is my responsibility to arrange transportation home.

By signing this form, I acknowledge that I have read and agree to the above.



Parent/Guardian Signature

Date