



2019 LMTI SUMMER LEADERSHIP CONFERENCE ADULT STAFF APPLICATION – PAGE 1 OF 6

Completed application can be sent to: LMTI, 110B Meadowlands Parkway, Suite 302, Secaucus, NJ 07094

I AM A(N) (PLEASE SELECT ONE): ACTION GROUP ADVISOR CATS MEMBER OTHER VOLUNTEER

I AM ATTENDING (PLEASE SELECT ALL THAT APPLY): Session 1: August 19 - 23 Session 2: August 26 - 30

1. Personal Information

First Name:		Last Name:	
Name I Prefer to Be Called (We'll use this for your nametag):		Pronouns I use (i.e. they/them, he/his, she/hers):	
Home Street Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	
Gender:	Email:		
Work/School Name:			
Work/School Address:			
City:		State:	Zip Code:
Work Phone:			
T-Shirt Size (please select):	Small	Medium	Large XL 2XL 3XL

2. Contact Preferences

USPS MAIL	Which address should we send mailings to?	Summer	<input type="checkbox"/> Home	<input type="checkbox"/> Work/School
		School Year	<input type="checkbox"/> Home	<input type="checkbox"/> Work/School
PHONE	Which phone number should we use to contact you?	Summer	<input type="checkbox"/> Home	<input type="checkbox"/> Work/School <input type="checkbox"/> Cell
		School Year	<input type="checkbox"/> Home	<input type="checkbox"/> Work/School <input type="checkbox"/> Cell

3. Position Preference (Action Group Advisors Only)

As an Action Group Advisor, you will be working with your own group each day during the conference, however, you will also be asked to serve either as a small group discussion leader (Process Group) or as a cabin chaperone. Also, if you have a background in counseling, you may volunteer to serve as a member of our Care Team, a small network of individuals put in place to work with students who may need additional guidance or assistance during the week. We will try our best to accommodate your choice, however we cannot guarantee this. We appreciate your understanding and help in advance.

I would like to serve as a (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Cabin Chaperone | <input type="checkbox"/> Process Group Leader |
| <input type="checkbox"/> Care Team Member (must have counseling background) | <input type="checkbox"/> Other: |

4. Release, Waiver, and Indemnification

I, the undersigned, do hereby execute this release, waiver, and indemnification and agree to represent as follows:

The release of YMCA Camp Ralph S. Mason, NCADD-Hudson/Partners in Prevention, and the Lindsey Meyer Teen Institute and their officers, employees, and agents from any and all liability, loss, damage, costs, claims or causes of action including, but not limited to, all bodily injuries and property damages arising out of the sole negligence of YMCA Camp Mason, NCADD-Hudson/Partners in Prevention, and the Lindsey Meyer Teen Institute.

I further agree to indemnify and hold harmless the said above from any and all liability, loss, damage costs, or causes of action, including attorney's fees and witness costs, arising out of the undersigned participation in the Lindsey Meyer Teen Institute (LMTI) Summer Leadership Conference and other events scheduled for the 2019-2020 school year.

Signature:	Date:
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5. Health Information- The following information must be filled in. The intent of this information is to provide LMTI on site health care personnel and other authorized health care professionals with the background necessary to provide appropriate care. It is suggested you keep a copy of this for your records. Any changes to this form should be provided to the Nurse upon arrival at Camp Ralph Mason. Rest assured that this information will only be viewed by health care professionals, as necessary.

Physician/Doctor:	Phone:
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<u>ALLERGIES</u> - Please list ALL known including medications, food, insect stings, seasonal, etc)	<u>REACTION</u>	<u>MANAGEMENT</u>
1.		
2.		
3.		

Note Regarding Nut Allergies: The Camp Mason kitchen is considered "nut-safe." Most foods do not contain nuts, but there may be traces in certain foods. Announcements will be made at each meal re: what foods to avoid.

Restrictions, Limitations, and Accommodations

Dietary: Check all that apply

Activity: (Please explain what cannot be done, what accommodations are necessary, etc):

- | | |
|--|--|
| <input type="checkbox"/> Does not eat red meat
<input type="checkbox"/> Does not eat poultry
<input type="checkbox"/> Does not eat pork
<input type="checkbox"/> Does not eat seafood
<input type="checkbox"/> Does not eat eggs
<input type="checkbox"/> Does not eat dairy products | <input type="checkbox"/> Vegan
<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Gluten-Free
<input type="checkbox"/> Pescatarian
<input type="checkbox"/> Other: |
|--|--|

Medications Being Taken- Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. All medication **MUST** be kept in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. All medications must be turned into the Nurse upon arrival.

Please check one:

- I take NO medications on a routine basis
 I take medications as follows (continue on separate sheet if necessary):

Medication	Reason	Dosage	Time(s)
1.			
2.			
3.			
4.			
5.			
6.			



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Additional Medical Questions (Explain all “YES” responses below)

<i>Has/Does the participant:</i>	Yes	No		Yes	No
1. Ever been hospitalized?			12. Passed out/had chest pain during exercise?		
2. Ever had surgery?			13. Had mononucleosis (“mono”) in the past 12 months?		
3. Have recurrent/chronic illnesses?			14. If female, have problems with periods/menstruation?		
4. Had a recent infectious disease?			15. Have problems with falling asleep/sleepwalking?		
5. Had a recent injury?			16. Ever had back/joint problems?		
6. Had asthma/wheezing/shortness of breath?			17. Have problems with diarrhea/constipation?		
7. Have diabetes?			18. Ever had an eating disorder?		
8. Had seizures?			19. Have any skin problems?		
9. Had headaches?			20. Traveled outside the country in the past 9 months?		
10. Wear glasses, contacts, or protective eyewear?			21. Have a peanut allergy?		
11. Had fainting or dizziness?			22. Ever been treated for emotional or behavioral difficulties?		
<p>Please explain any “Yes” answers, noting dates and the number of the question(s): <i>Example: #1- hospitalized 4/07 for appendix removal</i></p>					

Who should we contact in the event of an emergency?

Name:	Daytime phone:	Evening phone:
Name:	Daytime phone:	Evening phone:

Is there anything else you'd like to tell us or anything we've forgotten to ask?



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YMCA Camp Ralph S Mason - Program Waiver

Group Name: LINDSEY MEYER TEEN INSTITUTE

Participant Name: _____ Date of Program: 8/19/19-8/23/19 or 8/26/19-8/30/19

Parents' Names (if participant is under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email (parent email if participant is under 18): _____

YMCA Camp Mason conducts its programs with the best interests of its participants in mind and has taken reasonable steps to provide appropriate equipment and well trained staff for these programs. However, these programs do have inherent risks and although safety procedures have been established to minimize these risks not all risks and hazards can be eliminated due to the nature of the activities offered.

Living in the natural environment can be unpredictable. Some of the possible risks include contact with wildlife, falling, cuts, burns, bruises, sprains, fractures, falling trees, falls during climbing, falling rocks during climbing, tipping over a canoe, falling into the water, drowning, near drowning, hypothermia, unpredictable weather conditions. All of these risks may result in injuries to the participant. I understand that Camp Mason's intent is not to frighten me but wants me to be fully informed of all the risks. I understand that the risks listed above are not complete and that there are other risks that exist.

The potential of contracting Lyme Disease increases in rural settings such as Camp Mason. We encourage all participants to check themselves regularly for ticks and to be educated on the signs and symptoms of Lyme Disease, which may occur days or months after an encounter with a tick.

My signature below indicates that I fully understand the nature of the program at YMCA Camp Mason and I freely wish to participate. I know of no legal, physical or health reason why myself and/or my child cannot fully participate in the program that I am registering for. I agree to assume responsibility for the inherent risks identified herein and to those risks that are not specifically identified. I understand that it is my responsibility to participate in a safe manner, doing my best to follow the safety instructions provided to me by the Camp Mason staff. I agree not to do anything that jeopardizes me or other members of my group. I (and my parents/guardians if I am a minor) assume and accept full responsibility for me and for injury, death and loss of personal property and expenses suffered by me as a result of those inherent risks and dangers identified herein, and those not specifically identified, as a result of my negligence or the negligence of others participating in the activity.

My signature authorizes the management and staff of YMCA Camp Mason to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless the YMCA, its management, volunteers, agents, and staff from any and all liability for any injuries, death or illness sustained and/or incurred while at Camp and/or while using any facilities of, or participating in any of the activities of YMCA Camp Mason. I grant permission for emergency medical treatment and/or routine medical care by the YMCA camp staff, a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases YMCA Camp Mason from any and all liability and/or financial responsibility for any medical expenses incurred.

In consideration of having myself or my minor child or ward participate in the Outdoor Center program to be offered by YMCA Camp Mason, I agree to waive and release all future claims, demands or causes of action which the undersigned and/or such participant might have by reason of any loss, damage, expenses, injury or death arising out of or in any way connected with such person's participation in such program. I further agree to indemnify and hold harmless YMCA Camp Mason, their agents, officers, directors, employees and volunteers from and against any such claim, demands or causes of action.

By signing below, I acknowledge that it is understood that YMCA Camp Mason is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7.

I give YMCA Camp Mason permission to use any photographs taken of myself and/or my child while participating in programs at Camp Mason.

Signature: _____ Date: _____

Parent/Guardian/Participant

If the participant is under 18 I am signing as the parent/guardian to reflect my understanding and acceptance of the risks involved in attending programs at YMCA Camp Mason.

YMCA Camp Ralph S. Mason • 23 Birch Ridge Road • Hardwick, NJ 07825 • (908) 362-8217 • www.campmason.org

6. Voluntary Disclosure & Background Check Information

The safety of our youth participants is our top priority. We adhere strictly to the Youth Camping Standards set by the New Jersey Department of Health. The following form **MUST** be filled out completely and **MUST** accompany the rest of your application. Please note that a routine criminal background check will be conducted on all adult staff members over the age of 18. We appreciate your understanding and cooperation in this matter. **Applicant Information**

First Name:		Last Name:	
Street Address:			
City:		State:	Zip Code:
Date of Birth:		Social Security Number:	
Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain: (Use a separate sheet, if necessary.)	

Release & Authorization

I hereby authorize the Lindsey Meyer Teen Institute, or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer (whether for a paid or unpaid position) or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

I understand that:

- | | |
|---|--|
| <p>a. LMTI may deny a volunteer/paid position to any person who answers "yes" to the above question. If hired and LMTI later discovers circumstances that would indicate a "yes" answer this question, a volunteer/paid position may be terminated immediately.</p> <p>b. The information provided on this form is subject to verification, which will include a criminal history check and request from any Central Registry of child abusers.</p> | <p>c. LMTI may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:</p> <ul style="list-style-type: none"> -have a history of complaints of abuse of a minor; -have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or - have falsified or omitted information in this disclosure statement. <p>d. This disclosure statement must be updated yearly.</p> |
|---|--|

APPLICANT NAME: (PRINTED)	
APPLICANT SIGNATURE	
DATE:	

FOR OFFICE USE ONLY:

SUMMITTED:		RECEIVED:	
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Name:

We are so excited that you are part of our team for the LMTI Summer Leadership Conference!

Your involvement is so important in helping us to achieve our number one goal: Making sure that LMTI participants learn, grow, and have an amazing experience!

For all of our staff, we have a second goal, too! This one is all about you! We want to make sure that as a result of being involved with LMTI, adult staff are also learning and growing. This is important for a few reasons:

- ✓ We are committed to making sure that you not only feel satisfied about what you do for our campers' future, but also what you do for your own.
- ✓ We know that this is a BIG commitment. We want to help you avoid burnout by making sure that you feel motivated and challenged in your position.
- ✓ If we push ourselves to reach new goals and higher levels of skill, then we are serving as great role models for the campers, YACs, and CATS we are working with.

We call this our "Growth & Goals." All staff at camp will be working on G&G! There are some examples to the right. Before you get to camp, we'd love for you to take a few minutes to think about some of the goals you have for yourself. You can jot them down below.

My top G&G for the week are:

G&G Examples

- Teaching others
- Listening
- Promoting teamwork
- Presenting in front of groups
- Group Facilitation
- Being creative
- Organizing and planning
- Helping youth learn to communicate feelings
- Helping youth learn to articulate their philosophies regarding ATOD
- Helping youth learn to make better choices
- Helping youth learn how to work together
- Helping youth learn how to Action Plan

Please turn this sheet in with your application. This will help *us* help *you* have an amazing week!

Get ready because it's going to be a GREAT week! 😊

For additional information or questions,
please contact:



the lindsey meyer teen institute

A program of Partners in Prevention



(201) 696-0368 p

(201) 298-1618 f

info@lmteeninstitute.org

www.lmteeninstitute.org

**All completed registration materials and
payments (made out to "LMTI") can be sent to:**

The Lindsey Meyer Teen Institute
110B Meadowlands Parkway, Suite 302
Secaucus, NJ 07094

****Please note that our address recently changed. The above address is the
only address that materials and payments should be sent to!*****