

Youth Rally Committee, Inc.

a program for young people with bowel or bladder dysfunction

President & CEO
Paul Hastings
San Francisco, CA

18 February 2006

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Alameda, CA

Vice President
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MSN, RN, CWOCN
Lake Arrowhead, CA

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Westmont, NJ

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Jude Ebbinghaus
Groton, CT

Bonnie McElroy
Hoover, AL

JoAnne Sisco
Woodbury, MN

Zachariah Walker
Palisade, CO

Dear Potential Youth Rally Counselor or WOC(ET) Nurse,

The Youth Rally Committee, Inc. (YRC) would like to invite you to apply to become a staff member at the 2006 Youth Rally, which will be held at San Diego State University, San Diego, California. The Youth Rally provides a non-threatening environment where adolescents with dysfunctions and/or alterations of bowel and/or bladder receive education and psychological support from counselors with similar conditions and WOC(ET) nurses. The ratio of counselors to campers is approximately 1:5 and the ratio of nurses to campers is approximately 1:12. Counselors must be at least 20 years of age.

The dates of the 2006 Rally for counselors and nurses are Thursday, July 6 – Wednesday, July 12. Staff arrives two days before campers for orientation and team building. Campers will arrive on Saturday, July 8. Staff should arrive by 2 PM (Pacific time) on Thursday, July 6, and will be finished on Wednesday, July 12.

Staff applications are due on or before April 15, 2006. All applications are reviewed to assure appropriate staff is available for the campers. The application requires multiple signatures. Be sure you fill out the forms completely and sign in all required spots. New staff must provide two letters of recommendation with their application. Registration fee is \$350 (due June 1, 2006) plus transportation. Many former staff have obtained sponsorship by approaching their employer, local ostomy chapter, WOCN region or civic organizations. The enclosed Youth Rally sponsor form may be used to assist you.

We look forward to hearing from you soon. Please contact me if you have any questions or concerns. You can reach me by e-mail at ehiltabidel@charter.net or by phone at (909) 558-7178

With best regards,

Liz

Elizabeth Hiltabidel, MSN, RN, CWOCN

Please return completed application packet to:
Elizabeth Hiltabidel MSN, RN, CWOCN (ET)
Youth Rally Medical Chairperson
P.O. Box 2908
Lake Arrowhead, CA 92342

2006 Youth Rally • July 8—12 • San Diego State University

424 Bradford Avenue, Westmont, NJ 08108
856-854-3737 • LAukettRally@snip.net

www.rally4youth.org

38 Coleport Landing, Alameda, CA 94502
510-769-9295 • YouthRally@aol.com

Youth Rally Counselor Application



Instructions: We appreciate your interest in volunteering for the Youth Rally and taking time to complete this application. PLEASE BE SURE TO WRITE CLEARLY. Make certain the information provided in the application is correct and complete. Any false statement or misrepresentation of the facts called for on this application or any unsatisfactory reference check will be cause for rejection of your application or your immediate dismissal from the camp.

- Registration fee for attending camp is \$350 and **due June 1, 2006.**
- Applications are **due April 15, 2006.** Mailing directions on last page.
- Notification of acceptance will be sent out May 15, 2006.

Section 1 • Staff/Volunteer Identification

NAME _____

ADDRESS _____

TELEPHONE (Home) _____ (Work/School) _____

Email: _____ T-SHIRT SIZE _____

Do you meet the minimum age requirement for this position (20 years old)? Yes / No

Preferred Roommate _____

*Every attempt will be made to assign rooms with requested roommate.
However there is no guarantee that you will be assigned with your requested roommate.*

Section 2 • Staff/Volunteer Profile

Past Work History: Provide a full record of all employment – paid or volunteer- and explain any gaps in employment. Include any positions on camp staff. Use a separate sheet, if necessary.

Dates	Employer/Supervisor	Address & Phone	Nature of Work	Reason for Leaving

Indicate any employer/supervisor you do not wish us to contact, and the reason _____

References: All applicants are required to provide two character references from non-family members who have knowledge of your character, skills and abilities. YRC will contact references by letter or phone. Please be sure that the persons you name have agreed to serve as references. If you are a student, include a teacher and (if possible) a former employer. If you are a new applicant, please provide two written references (in addition to information below.)

Name	Title/relationship	Address (include city, state)	Phone/Email

Section 2 • Staff/Volunteer Profile (Cont.)

What contributions do you think you can make at camp?

What contributions do you think a well-run camp can make to children?

Section 3 • Youth Rally Practices and Policies Agreement

Harassment: The camp's policy is to prohibit all forms of harassment by our staff/volunteers. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? (Note: a prior accusation or conviction is not an automatic bar to employment. The camp administrators will evaluate the type of conviction or accusation and when it occurred before any decision is made.) Yes / No

Explain _____

Criminal Record: Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment, The type of conviction and when it occurred will be evaluated by the camp before any decision is made. Yes / No

Explain _____

Summer Camp Practices and Policies Agreement: Please read the following CAREFULLY AND THOUGHTFULLY, then sign the statement of compliance that follows.

RESPECT: Each camp participant – including campers, counselors - has a RESPONSIBILITY to respect the authority of the camp leadership, as well as the health and well being of the Youth Rally community.

CURFEW: Counselors are expected to observe the midnight curfew. All volunteers are expected on campus while campers are on site.

Section 3 • Youth Rally Practices and Policies Agreement (Cont.)

TELEPHONE CALLS: There will be a designated contact number for emergency phone calls. Messages will be taken and left in a designated location. Pay phones are available during free time. Cell phone usage must be limited to emergency calls only while volunteers/staff are on duty. Phone usage must NOT interfere with Counselor duties and responsibilities.

VALUABLES AND CASH: Everyone is urged not to bring highly valued clothing or accessories. Under special circumstances, cash and small valuables may be turned into the camp director for safekeeping. Neither the YRC nor the camp can be responsible for either loss or damage to personal property.

EVALUATION: Each person may request an evaluation, written or verbal, of his or her work performances.

PROFESSIONALISM: Personal information about campers given and received during orientations or throughout camp must be held in confidence. Volunteers must act professionally toward all campers, volunteers and staff. Volunteers are required to attend all counselor meetings.

SMOKING: Do not smoke while working with campers. If smoking is permitted at camp location, there will be a designated area to be used during your scheduled breaks.

DRUGS AND ALCOHOL: The possession or use of alcoholic beverages and the illegal possession or use of illegal drugs are strictly forbidden and will be grounds for sending a volunteer home. To be under the influence of alcohol or illegal drugs at Youth Rally is not consistent with a volunteer 's responsibility to the campers.

LIMITS: Setting limits is an important part of a volunteer 's responsibility. No camper or volunteer can be allowed to intimidate or frighten other campers or volunteers, or to disrupt activities. A tone of respect for the rights and feelings of others is expected.

MORAL BEHAVIOR: Everyone is expected to behave in a morally upstanding way. Immodest clothing or excessive displays of affection are not allowed. Any sexual activity at camp is strictly forbidden. Be respectful of campers when assisting with personal hygiene. Notify the Rally Chair immediately if there are any concerns regarding personal contact with or among camp participants.

AGREEMENT: In order to attend the YRC Youth Rally, I will follow the guidelines as set forth below:

1. I will respect the camp leadership.
2. I understand that the Youth Rally is for the campers and that my main objective is to provide a positive experience for those teenagers in attendance.
3. I will serve as counselor/WOC Nurse/or general volunteer for the Youth Rally.
4. I have read the above Practices and Policies and agree to abide by the policies established for the Youth Rally. Deviation from these policies and rules will be cause for immediate dismissal from the camp and I will have to make arrangements for transportation at my expense.

Signature of applicant

Date

I authorize investigation of all statements herein, including any checks of criminal records and release the camp and all others from liability in connection with same. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp/YRC, Inc.

Signature of applicant _____

Date _____

Section 4 • Photo Agreement

The YRC, Inc. regularly uses photographs and films of the Youth Rally for fundraising and publicity purposes. The following consent form allows the YRC to use photographs or recorded images for these purposes. In consideration of the YRC permitting me to attend Youth Rally, I hereby give my consent to YRC, its directors, employees, agents, chapters, assignees, licenses, volunteers, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns to use my name, picture, portrait, likeness, writings, biographical information, audiotape and/or videotape recordings and sound and/or silent motion pictures of me and my real and/or personal property in any medium for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of the YRC.

This consent shall be binding upon my heirs, executors, administrators, assigns, all legal guardians, and me.

Signature of applicant

Date

Section 5 • Roster Release

I hereby give my consent for my name, address, and phone to be included in the Youth Rally roster given to other counselors.

Signature of applicant

Date

Section 6 • Resource List Permission

Dear Youth Rally counselor and WOC (ET) Nurse Applicant,
Every year we include in the counselor manual a list of counselors and the WOC nurses who have an ostomy or alteration in bowel or bladder function as well as the type of condition that they have. The purpose of this list is so that the counselors can refer campers to other counselors with similar medical issues, if the camper desires to talk with a counselor that has a health issue that is very similar to their own. This list is also useful for other counselors to find fellow counselors that have a similar condition. Your name will appear on the list only if you give your permission.

I, _____ give permission for MY name to be listed in the resource manual.

My health condition is _____.
(Example: ileostomy due to Ulcerative Colitis, or ileostomy and continent urinary diversion due to Exstrophy.)

Signature of applicant

Date

Section 7 • Nursing Requirements

- Please send a copy of current RN license from your state and for California.
- To acquire a California nursing license, call California’s Board of Registered Nursing at (916) 322-3350 or go to their web site <http://www.rn.ca.gov/lic/lic-end.htm>. The form is called Application for Licensure by Endorsement. The YRC will reimburse expenses to obtain a temporary California Nurses License (approximately \$30).
- Do you have independent malpractice insurance? Yes / No
If no, you will need to acquire it. YRC will reimburse expenses only if you have acquired a RN license in the state of California. We suggest you contact Maginnis and Associates Insurance Providers (800-345-6917) and send us a copy of the insurance card. Contact Youth Rally Medical Chairperson with any questions.
- Are you currently CPR certified? Yes / No If no, please recertify and send a copy of current CPR card.

Section 8 • Volunteer Health Profile

The camp medical staff supervises the health and well being of camp volunteers. The medical staff takes this responsibility seriously. Please complete all requested information in the sections below. Please include any additional health information that is not specifically requested in the space at the end of the section. This information will remain confidential and will be used only by the Youth Rally Chairperson.

Please list any medication you are currently taking.	Please list any allergies, including food and medication allergies you have experienced.

Are you prone or positive for any of the following illnesses or conditions?

	Yes	No		Yes	No
Seizures/Convulsions			Diarrhea		
Urinary Tract Infection			Frequent Colds		
Sinusitis			Wheezing		
Severe Menstrual Cramps			Hayfever		
Constipation			Indigestion		
“Swimmers” Ear			Ear Infection		
Hepatitis Exposure			Bee Sting Reactions		
Diabetes			Asthma		
Pneumonia			Headaches		

Have you seen a physician in the last three years? If so, why? _____

Is a physician currently treating you for any acute or chronic conditions? Yes / No
If yes, please explain: _____

Section 8 • Volunteer Health Profile (Cont.)

Do you have any medical, mental or emotional conditions that may affect your functioning at Youth Rally?

Yes / No If yes, please explain _____

Do you have any limited mobility issues? Yes / No If yes, please explain _____

List any recent operations or serious injuries and the dates they occurred: _____

Other medical, mental, or emotional information the medical staff should be aware of (i.e. special diet, pregnancy, motion sickness, depression, conditions or details of above).

When was your last tetanus shot? _____

Section 9 • Medical Consent, Emergency Contact and Release PLEASE COMPLETE AND SIGN ALL PARTS OF THIS SECTION.

MEDICAL CONSENT

The health history contained in this application is correct to the best of my knowledge and I am physically able and competent to engage in all prescribed camp activities, except as noted by me and/or an examining physician. I certify to the best of my knowledge, I do not have any contagious disease or condition. I also understand that YRC, Inc. or the Youth Rally is not responsible for illness due to previous poor health conditions.

If there should be an emergency while I am at the camp or going to and from camp, I authorize YRC Youth Rally chairperson or designee to seek medical attention in the event of illness or injury. I further absolve YRC from any and all liability for their reasonable acts done in good faith. In the event of a serious medical problem, the Rally Chairperson will contact parent(s), spouse, or person(s) listed below to advise them of my condition, treatment or need for continued medical attention.

In case of emergency, contact:

Alternate emergency contact:

Name

Name

Relationship to Volunteer

Relationship to Volunteer

Phone (home) (evening)

Phone (home) (evening)

Other phone numbers

Other phone numbers

Signature

Date

MAIL WITH ALL ATTACHMENTS TO:
Elizabeth Hiltabidel, MSN, RN, CWOCN – YR Medical Chair
PO Box 2908 – Lake Arrowhead, CA 92352