

Castro Valley Youth 2 Youth Conference

Staff Application

Conference Date: April 4, 2009

Due Date: March 6, 2009

Name: _____ Male ___ Female ___

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Your Cell Phone: _____

Email: _____ DOB: _____

School: _____ Grade: _____

EMERGENCY CONTACT PERSON: (*Name and relationship*)

Name: _____ Relationship: _____

Address: _____ City: _____

Phone: _____ Cell: _____

1. Are you currently alcohol, tobacco, and other drug free?
Yes: _____ No: _____

2. Have you ever experimented or used any of the above substances? If yes, please state which substances and month/year of last use. (Answering yes will not eliminate you from staffing.)

3. List all the drug prevention activities that you have been involve with during the 2008-2009 school year. In addition, please include past Y2Y conferences you may have attended or staffed.

4. Why do you feel the drug free philosophy important?

5. Why do you want to serve as a youth staff at this conference?

6. What are your strengths that will enable you to relate to young people?

7. Our theme this year is **Youth 2 Youth Leading the Way**. It is all about leading a drug and alcohol free lifestyle and meeting your expectations. Tell us one time when you were able to influence someone through your leadership.

What size shirt do you want? _____

✓ Would you require a place to stay over? Yes_____ No_____

Which nights: Thursday_____ Friday_____ Saturday_____

✓ Do you live locally and can provide someone a place to stay? Yes_____ No_____

Which nights: Thursday_____ Friday_____ Saturday_____

I certify that the above and enclosed information is true and correct to the best of my knowledge.

Applicant Signature

Date

I support my son/daughter's efforts to become a Youth Staff Member for the Castro Valley Youth 2 Youth Conference. I understand that she/he must attend a mandatory training Friday, April 3, 2009 8:30 - 4:00 and the Y2Y Conference on Saturday, April 4, 2009. You must stay at both events the entire time.

Parent Signature

Date

Authorization to Treat a Minor

I, we the undersigned parent/legal guardian of _____ A minor, do hereby authorize and consent for any x-ray exam, medical anesthetic, or surgical diagnosis rendered under the general or special supervision of an member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act of dentist licensed under the provision of the Dental Practice Act and on the staff of any acute general hospital holds a current license to operate a hospital from the Sate of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care, which the aforementioned physician is the exercise of his best judgment may deem advisable.

It is understood any of the above treatment will not be withheld is the undersigned can not be reached. This authorization is given pursuant to the provision of Section 25 of the Civil Code of the State of California. The signing of this release only gives Castro Valley School District and agents thereof the right to consent for treatments of minor. It does not release signee of liability from medical cost arising from said treatment. Castro Valley School District does not assume liability of said cost and is not liable for any complications arising from said treatment.

This consent shall remain effective until Midnight April 4, 2009

Signature of Parent/Legal Guardian _____ Date _____

Address _____ City _____

MINOR INFORMATION:

Birth Date: _____ Last Tetanus Booster: _____

Allergies to food or Drugs

Any specific medications of pertinent information

EMGERENCY CONTACTS:

Mother Home Phone Cell Phone

Father Home Phone Cell Phone

Other Home Phone Cell Phone

Physician Insurance Carrier

Policy Number

RULES AND REGULATIONS
Castro Valley Youth 2 Youth

These rules are designed to ensure that all youth staff and participants in the Youth to Youth Conference enjoy a maximum learning experience in an environment conducive to any exchange and sharing ideas and concepts. All youth staff and participants are expected to adhere to the rules outlined and violation of these rules may result in immediate removal from the program. Enforcement and supervision of these rules shall be at the sole discretion and judgment of the designated conference coordinator.

1. **ATTENDANCE:** Your participation and attendance is mandatory. Failure to attend scheduled activities and meals, without written permission, may result in removal from the program.
2. **BEHAVIOR:** All youth staff and participants are expected to conduct themselves in a mature and orderly manner at all times. Misconduct by any youth staff or participant will not be tolerated and result in removal.
3. **VISITORS:** No visitors will be permitted except during scheduled times or for specifically designated events. The designated conference coordinator must approve any special emergency visitation.
4. **REMAIN ON GROUNDS:** All youth staff and participants are to remain on the grounds of the conference. If youth staff or participant needs to leave grounds for any reason, the designated conference coordinator must make prior approval.
5. **USE OF ALCOHOL, TOBACCO, OR OTHER DRUGS:** Any youth staff or participants found using or under the influence of alcohol, tobacco, or other drugs will be immediately removed from the program.

Any person found in possession of an illegal substance may be subject to prosecution. Any youth staff or participant using prescription drugs for medical purposes shall notify the designated conference coordinator in advance or as soon as reasonably possible.

Violation of any rule or regulation will be dealt with in either of the following manners:

- 1. Private counseling sessions with a staff member of the Youth to Youth Conference, or**
- 2. Immediate removal from the program.**

The decision on which disciplinary action to take will be at the sole discretion and judgment of the designated coordinator of the Youth to Youth Conference.

As parent/guardian of _____ I have read and reviewed the rules and regulations on this form and have discussed them with my son/daughter. My son/daughter understands all the rules and regulations and agrees, as do I, to abide by the stated rules and regulations. I agree to indemnify and hold Castro Valley School District and Western States Youth to Youth Alliance, along with any of their agents and employees, harmless from and against all claims, damages, cause of action, or other liabilities caused by my son/daughter's violation of any of the rules and regulations contained in this agreement. I support my son/daughter's efforts to become a Youth Staff Member for the Castro Valley Youth to Youth Conference.

I understand that pictures and or videos of my son/daughter may be taken at the conference and hereby agree and consent to the use of these pictures or videos for promotional or any other purpose.

Parent/Guardian Signature: _____ **Date:** _____

I have read and reviewed the rules and regulations on this form and have discussed them with my parent/guardian. I understand and agree to abide by all the rules and regulations. I agree to indemnify and hold Castro Valley School District and Western States Youth to Youth Alliance, along with any of their agents and employees, harmless from and against all claims, damages, cause of action, or other liabilities caused by my violation of any of the rules and regulations contained in this agreement. I understand that pictures and or videos of myself may be taken at the conference and hereby agree and consent to the use of these pictures or videos for promotional or any other purpose.

Youth Staff Signature: _____ **Date:** _____

Return to:

Traci Cross
Canyon Middle School
19600 Cull Canyon Road
Castro Valley, CA 94552

510.538.8833 x6108 Office
510.247.9439 Fax
510.506.4859 Cell

Deadline: March 6, 2009