

**Rotary District 5340 LEADERSHIP, ETHICS
AND DEVELOPMENT Conference**
Saturday, September 26, 2009 – Sunday, September 27, 2009



Please print out this document. You will need to sign it and then return it to the LEAD Facilitator Coordinator whose address is listed below.

FACILITATOR INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Name On Camp Badge: _____ Gender: Male Female
 Home Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 E-mail Address: _____ Shirt Size: S M L XL XXL
 Rotary Club of: _____
 Former Facilitator? Yes No If yes: LEAD RYLA Year(s): _____
 Certified by District 5340 to participate in youth programs? Yes No Don't know
 Prior Experience Working with Youth: _____

MEDICAL HISTORY OF APPLICANT

(All medical information must be disclosed for your safety and is kept strictly confidential by our professional medical staff members).

Does applicant have any physical limitation or other condition or illness that is being treated that may require assistance while at camp? ____ Yes ____ No

If YES, describe:

Is applicant currently taking medication? ____ Yes ____ No

If YES, please list what medications are being taken:

If YES, please explain condition medication is being used/prescribed for:

Vegetarian: ____ Yes ____ No Other dietary restrictions:

Physician/Doctor name: _____ Phone #: _____

Health Insurance Carrier: _____ Phone # _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name	Phone #	Relationship
_____	_____	_____

LEAD STATEMENT OF UNDERSTANDING

My signature below indicates my understanding that as a LEAD Facilitator I must attend a mandatory ½ day training orientation session prior to the LEAD conference. I understand that I am expected to be at the LEAD conference for the entire 2 day duration of the conference, which is from 8:00 AM Saturday, September 26, 2009 through 4:00 PM Sunday, September 27, 2009. I also understand that the role of a LEAD Facilitator is to engage the student attendees in activities and appropriate discussion and not to use the LEAD conference to emphasize my own views and opinions.

Do You Agree With The Above Statement?: Yes No

Date: ____/____/____ **Applicant Signature:** _____

TO BE COMPLETED BY SPONSORING ROTARY CLUB

The Rotary Club of _____ agrees to sponsor the above named applicant to participate in the 2009 LEAD conference, and it is understood that our club will pay this applicant's 2009 LEAD conference registration if the applicant is selected as a Facilitator.

Club Authorized Signature: _____

Printed Name: _____

Please return completed application to: Rotary District 5340 LEAD
Facilitator Coordinator
Paul E. Pierce, Jr.
P.O. Box 235080
Encinitas, CA 92023-5080
(760) 942-9911
pepierce@cox.net