



Dear Leaders Club Applicant:

Thank you for your interest in becoming a Leaders Club member!

Our Leaders Club program is designed to develop your personal and social skills through mentorship, coordinated service projects, social activities and events, educational and life skills workshops and more! We hope that this program will help to challenge yourself in individual and group projects and become a role-model for others!

Enclosed you will find: an application and a brief description of the Leaders Club program. Please look over the criteria and program's agenda so that you are sure this program is for you! Once all forms are completed and returned you will be contacted for a group orientation with program staff. Please note that the application time-frame is open until December 30th.

If you have any questions, please do not hesitate to contact our office at 562-1088.

Sincerely,

Jennifer Rawlison
Program/Camp Director



PROGRAM OVERVIEW

Leaders Club is a national program of the YMCA that provides club members with opportunities for leadership training, personal growth, service to others and social development. By connecting with adult advisors, teens have role models and mentors who can have a positive impact on their lives.

Work Plan:

Weekly meetings and community service project (target 1 per month) are facilitated throughout the program

December-	Program Starts & Recruitment Continues
Early January-	Overnight teambuilding at Camp Robbins
January-	Report to the Board of Directors
February-	Program Continues –Possible attendance at Winter Rally in CT
March-	Overnight teambuilding at Camp Robbins Report to Board of Directors
April-	Largest community service project over spring break <i>Picked, planned implemented and debriefed by club members</i>
May-	Youth Rally
June-	Overnight at Camp Robbins Report & picnic with Board of Directors
June/August	Participants are encouraged to apply, work/volunteer at Camp Robbins with continuous counselor coaching and mentoring, with additional employment opportunities to be explored as necessary or requested by participants.

Approximately 26 weekly sessions - Including Rallies, Camp Robbins, etc.

**Greater Newburgh YMCA
LEADERS CLUB APPLICATION**

10 Little Britain Rd. (Suite 204)
Newburgh, NY 12550
Tel: 562-1088 Fax: 562-9172
Email: info@NewburghYMCA
Website: www.NewburghYMCA.org



Please complete each question and return to the Greater Newburgh YMCA for review. Please note that this program requires the completion of this application and an interview with the Program Coordinator. When answering, please be as specific as possible. If you've any questions, please feel free to contact us at 562-1088.

Name _____ Date of Birth _____ Male Female
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell# _____
Email (if available) _____
School Attending _____ Grade Level: _____
Mother's Name _____ Father's Name _____
Work # _____ Work # _____
Cell# _____ Cell # _____
I reside with: Both Parents Mom Dad Alternate Between Both Other _____

Why would you like to enroll in Leaders Club?

In what ways do you think being a member of the Leaders Club will benefit you as a person?

How do you spend your "free time"?

List any extracurricular activities you are currently involved in with your school, church, employment, or other outside organization.

Please list any YMCA experience you have had over the years. (This could include employment, program participation, or sports.)

What personal qualities do you possess that would help you to be a contributing club member?

What are some characteristics of a leader?

What personal goals do you have for the next year?

Feel free to add any comments or information about yourself that might be helpful.

After carefully reviewing your schedule, can you commit to 80% of Leaders Club events? (This includes weeknight meetings and weekend events and trips) Yes No Not Sure

References (Other than family members, you may use one YMCA staff member)

Name _____ Relationship _____
Phone # _____ Yrs. Known _____

Name _____ Relationship _____
Phone # _____ Yrs. Known _____

Name _____ Relationship _____
Phone # _____ Yrs. Known _____

All things written here are true.

Applicant Signature: _____ Date: _____
Parent Signature: _____ Date: _____

Please return this application to: Greater Newburgh YMCA
Attn: Leaders Club
10 Little Britain Rd #204
Newburgh, NY 12550

Office Use Only Date Received: _____
Reviewed By: _____ Date: _____

PARTICIPANT INFORMATION
(To be Completed by Parent/Guardian)

Participant's Name _____ Date of Birth _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell# _____
 Email (if available) _____

Parent/Family Information

Mother's Name _____ Father's Name _____
 Work # _____ Work # _____
 Cell# _____ Cell # _____

Participant resides with: Both Parents Mom Dad Alternate Between Both Other _____

Emergency contact if parents cannot be reached

Name _____ Relationship _____ Phone # _____ Cell# _____
 Name _____ Relationship _____ Phone # _____ Cell# _____
 Name _____ Relationship _____ Phone # _____ Cell# _____
 Name _____ Relationship _____ Phone # _____ Cell# _____

Physician _____ Phone _____
 Insurance _____ Policy # _____

Participant Medical Information:

Does participant have any allergies? NO YES (please explain below)
 Allergy _____ Treatment _____
 Allergy _____ Treatment _____
 Allergy _____ Treatment _____

Does participant take any medications? NO YES (please explain below)
 Medication _____ Reason _____ Times Taken _____
 Medication _____ Reason _____ Times Taken _____
 Medication _____ Reason _____ Times Taken _____

**If medication is needed during program hours, parents must provide medication in original container to staff with a completed YMCA Medication Administration Form with instructions from a doctor and have medications signed in & out.*

Does participant have any other medical/social/physical conditions or limitations we should know about?
 NO YES (please explain below)
 Condition _____ Treatment _____
 Condition _____ Treatment _____
 Condition _____ Treatment _____

Teen transportation/boundaries:

Please specify your transportation/program desires for your teen. *Example:* Can they leave the Y program with another teen/adult?
 May they walk home after program hours?

Would you like your teen to call if your teen leaves the event? YES NO

Do you give your teen the responsibility to make decisions for their own travel, freedom? YES NO
 If yes, please explain. _____

Participant Waiver/Release

This health history is correct as I know. I give my child named above permission to attend and participate in all Greater Newburgh YMCA Leaders Club events and activities. I understand this is an on-going program and this registration will be kept on file as long as my child is in the Greater Newburgh YMCA Leaders Club.

I understand the child herein described has permission to engage in all activities and field trips except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or his/her designee to secure emergency medical service, including transportation and a physician. In the case of a medical emergency, every effort will be made to accommodate and treat the person(s) injured. If a trip to a medical facility is necessary, I understand the cost of medical services and medications due to injury or illness during the program time are my responsibility and are to be submitted to my medical insurance provider as primary coverage and then to the YMCA as secondary coverage.

I authorize the Greater Newburgh YMCA to use any photographs, artwork, and projects, etc. of said registered participants for the purpose of telling the YMCA story and promoting the interests of the YMCA.

I am aware my child is applying to become a member of the Greater Newburgh YMCA Teen Leaders Club. If my child is selected to become a member I will support my child and the Leaders Club.

Parent Name _____ Signature _____ Date _____