

# Leadership Conference Application



## RYLA PLANNING COMMITTEE ADULT ADVISOR or SUPPORT STAFF

Name: \_\_\_\_\_ Gender: M F

Street: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

City/State \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Rotary Club: \_\_\_\_\_ E-mail: \_\_\_\_\_

Physical/Medical Condition:

\_\_\_\_\_

\_\_\_\_\_

Previous experience working with youth. (Include experience with RYLA)

\_\_\_\_\_

\_\_\_\_\_

### Availability (Please circle roles and timeframes that interest you)

Family Advisor	<u>Fri 2pm - Sun 4pm</u>	
Registration	<u>Fri 2pm - 5pm</u>	
Session Facilitator	<u>Sat 8am - 1pm</u> <u>Sat noon - 5pm</u> <u>Sun 8am - 1pm</u>	Communication Negotiation Community Building
Dining Room	<u>Fri 4pm - 7pm</u> <u>Sat 7am - 10am</u> <u>Sat 10am - 2pm</u> <u>Sat 4pm - 7pm</u> <u>Sun 7am - 10am</u> <u>Sun 10am - 2pm</u>	Dinner Breakfast Lunch Dinner Breakfast Lunch
Night Security	<u>Fri 10pm - 4am</u> <u>Sat 10pm - 4am</u>	
Camp Cleanup / BBQ	<u>Sat 10am - 1pm</u> (one week before RYLA)	

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_