

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
Lights Out	<u>Fri 10pm - 2am</u> <u>Sat 10pm - 2am</u>	
Camp Cleanup / BBQ	<u>Sat 10am - 1pm</u> (two weeks before RYLA)	

Signature: _____

Date: _____