

**A-TEAM
APPLICATION**

Only 15 Spots Available!

Please fill out completely
Highly competitive process

STATEWIDE TEEN LEADERSHIP TRAINING INSTITUTE

REACH For The Future

YOUTH CONFERENCE 2009



A-Team provides the opportunity for young people to work side by side with adult allies, building skills in conference development, workshop presentation, public speaking, event planning, leadership, and advocacy. This unique opportunity puts youth at the forefront of the REACH TLTI experience.

Applications must be received by:

FRIDAY, NOVEMBER 14TH, 2008 by 5PM

BCDBH Community Services Division
ATTN. Cary Yasuhara
109 Parmac Rd. Suite 2A
Chico, Ca. 95926

Feel free to call with any questions at:
(530) 891-2891

A—TEAM REQUIREMENTS

- Complete application and return no later than 5:00p.m. **11/14/08**
- **Attend all A-Team meetings.**
- Provide own transportation to and from all meetings and conferences.
- **Must have/maintain a 3.0 GPA.**
- Two adult letters of recommendation required.
- **Be a positive role-model for your peers & adults.**
- Must be a hard worker with the ability to work well with others.

TRAVEL STIPENDS AVAILABLE IF NEEDED

STATEWIDE TEEN LEADERSHIP TRAINING INSTITUTE
A-TEAM REQUIRED MEETING DATES

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
FRIDAY, JANUARY 9TH - SUNDAY, JANUARY 11TH (three day planning retreat)	Starts @ 12:00pm Friday Ends @ 4:00pm Sunday	RICHARDSON SPRINGS, CHICO
WEDNESDAY, MARCH 11TH (day before the conference)	4PM - 10PM	RICHARDSON SPRINGS, CHICO
WEDNESDAY, MARCH 25TH (day before the conference)	4PM - 10PM	RICHARDSON SPRINGS, CHICO

REACH FOR THE FUTURE CONFERENCE DATES

HIGH SCHOOL CONFERENCE

- **Thursday, March 12th, 2009 — Saturday, March 14th, 2009**

JUNIOR HIGH CONFERENCE

- **Thursday, March 26th, 2009 — Saturday, March 28th, 2009**

ALL A-TEAM MEMBERS ARE RESPONSIBLE FOR THEIR OWN
TRANSPORTATION TO AND FROM ALL A-TEAM MEETINGS. TRAVEL
STIPENDS ARE AVAILABLE IF NEEDED.

If you have any questions, please contact Cary Yasuhara at 530-891-2891

KEEP THIS FORM FOR YOUR RECORDS

ALL A-TEAM MEMBERS MUST BE ACCOMPANIED BY AN
ADULT ADVISOR . ADULT ADVISORS ARE WELCOME TO
PARTICIPATE IN THE PLANNING MEETINGS.

STATEWIDE TEEN LEADERSHIP TRAINING INSTITUTE

A-TEAM: REACH FOR THE FUTURE 2009

CONFERENCE AGENDA

THURSDAY

1:00 REGISTRATION
 2:00 – 2:30 WELCOME / ORIENTATION
 2:30 - 5:00 CHALLENGE DAY
 5:00 - 6:00 DINNER
 6:00 - 9:00 CHALLENGE DAY
 9:00 - 9:30 GROUP TIME
 10:00 LIGHTS OUT

FRIDAY

7:30 BREAKFAST
 8:15 GROUP PICTURE
 8:30 - 9:30 INTRO / WAKE UP / KEYNOTE
 9:30 - 10:45 WORKSHOP BLOCK 1
 10:45 - 12:00 WORKSHOP BLOCK 2
 12:00 - 1:00 LUNCH
 1:00 - 2:15 WORKSHOP BLOCK 3
 2:15 - 3:00 GROUP CHECK IN
 3:00-4:00 BUILDING A FUTURE W / ODYSSEY
 4:00-5:30 FREE TIME / TALENT REHEARSAL
 5:30 - 6:30 DINNER
 6:30 - 8:00 TALENT SHOW
 8:00-9:00 DANCE
 9:00-9:30 CLOSURE
 10:00 LIGHTS OUT

SATURDAY

7:30 BREAKFAST
 8:15 GENERAL SESSION
 8:30-12:30 ODYSSEY
 12:30 LUNCH
 1:00-4:00 ODYSSEY
 4:00 CLOSURE, VIDEO, EVALUATION
 5:30 HOME

PLEASE SEND COMPLETED FORMS TO:

BUTTE COUNTY BEHAVIORAL HEALTH
 COMMUNITY SERVICES "REACH"
 109 PARMAC ROAD SUITE 2A
 CHICO, CA 95926 (530) 891-2891

CHECK LIST OF ALL FORMS

EACH A-TEAM CANDIDATE MUST SEND BACK
 ALL FORMS COMPLETELY FILLED OUT.

A-TEAM APPLICATION _____

STATEMENT OF COMMITMENT _____

REGISTRATION _____

RELEASE FORM _____

ADVISOR / PARTICIPANT AGREEMENT _____

2 ADULT RECOMMENDATIONS _____

COPY OF RECENT REPORT CARD
 (SHOWING YOUR 3.0 GPA) _____

SEND IN BEFORE 11/14/08 (5PM) _____

THINGS TO BRING TO A-TEAM MEETINGS

_____ **SLEEPING BAG**

_____ **PILLOW**

_____ **TENNIS SHOES (MAY GET MUDDY)**

_____ **WARM COMFORTABLE CLOTHES**

_____ **TOWEL**

_____ **WASH CLOTH**

_____ **TOILETRIES**

- SHAMPOO

- SOAP

- TOOTH PASTE

- TOOTH BRUSH

- DEODORANT

- BRUSH / COMB

_____ **NOTEBOOK & PEN**

_____ **WATER BOTTLE W/ NAME**

_____ **JACKET/SWEATSHIRT**

_____ **MONEY FOR SNACK BAR**

THE REACH COMMITTEE WILL CONTACT THE 15 SELECTED A -TEAM APPLICANTS BY FRI. 11/21/08.

ALL APPLICANTS WILL BE CONTACTED BY PHONE

A-Team Application

Name: _____

Grade Level: _____

Address: _____

School: _____

City: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

County: _____ Advisor (out of county only) _____

PLEASE ATTACH TWO LETTERS OF ADULT RECOMMENDATIONS TO THE APPLICATION.
THESE ARE REQUIRED FOR YOUR APPLICATION TO BE CONSIDERED.

DUE TO THE HIGH LEVEL OF APPLICANTS AND ONLY 15 SPOTS, PLEASE ANSWER
THE FOLLOWING QUESTIONS HONESTLY AND IN GREAT DETAIL.

- 1. Have you ever attended a leadership conference before? If yes, what conference (s) have you attended? What did you learn?**
- 2. Have you ever served on the A-Team (or another youth conference planning team) before? If yes, what conference (s) and when?**
- 3. In your opinion, what does it mean to be a team player?**
- 4. What does “youth led” mean to you?**
- 5. Tell us what strengths you possess that would enhance and contribute to the A-Team.**

APPLICATION QUESTIONS CONTINUED

6. Tell us about a time when you worked on a project with adults. What was your experience like?

7. Who is one of your personal heroes? Why?

8. What are you passionate about? What motivates you?

9. What has been your greatest success?

10. Why should we select you to be part of the A-Team?

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REACH FOR THE FUTURE '09

A-TEAM STATEMENT OF COMMITMENT

I, _____ understand all of the necessary commitments that I need to make to the "Reach for the Future 2009" A-Team.

I realize that the time commitment includes a three day/two night retreat in Chico. I also understand that January 9th, March 12th, 13th, 26th, and 27th are all school days and I will clear my absences with my teachers because my commitment includes both conferences. I am committed to attending all meetings, realizing that each meeting greatly affects my teammates and my experience. I will provide my own transportation to and from all A-Team meetings.

I understand that agreements and intentions for our group will be established at the first A-Team meeting. It will be these agreements and intentions, developed by the team, which will be our norms and expectations of each other. As a member of the team I will be responsible for holding my teammates accountable and being open to their help and counsel in order to get the most out of this opportunity.

I understand that **I must have and maintain a 3.0 GPA at all times** to ensure that my involvement in A-Team is not hindering my school commitments.

I also realize the need for me to be alcohol, tobacco, drug and violence free as I am setting an example for others.

I have discussed this commitment with my parent/guardian and I will be able to be at both the Junior High and High School "Reach for the Future 2009" Conferences.

Most importantly I am committed to having fun, forming friendships with my teammates, peers and adult staff, learning new things, and providing an outstanding conference experience for all participants.

Applicant Signature	Applicant Name	Date
Parent/Guardian Signature	Parent/Guardian Name	Date
School	County	





STATEWIDE TEEN LEADERSHIP TRAINING INSTITUTE
REACH FOR THE FUTURE: Release Form
(Every youth and adult attending the conference must complete and submit this form)
IMPORTANT!!



Be sure that the signature of youth and parent/guardian or adult/advisor is on this form. Registrations are not valid without appropriate signatures. Voluntary Release - Assumption of Risk and Indemnity Agreement: In consideration of the acceptance of my participation (adult/advisors) or my son/daughters attendance in the BCDBH - Community Services, I hereby release, discharge and covenant not to sue BCDBH - Community Services, any other supporting agencies and counties, and it's agents, representatives, officers, and/or all sponsors, their representatives, successors and assigns, directors, sponsors, the staff, workers, and hosts of the training (herein collectively referred to as "releasee") from any and all claims and liability arising out of strict liability or ordinary negligence of releasee harmless and/or indemnity releasee for any and all claim judgment or expenses releases may incur arising out or my participation (adult/advisor) or my son/daughter's activities and/or participation in this event.

I understand that my participation (adult/advisors) or my son/daughter's participation in this event contains certain dangers and risk of injury; that the event will be indoors and outdoors and that there is an inherent danger in playing outdoors which I appreciate and voluntarily assume, because I choose to do so. I further know that other participants may pose a danger to myself (adult/advisor) or my son/daughter, as this is a physical activity. I voluntarily elect to accept all risks connected with my participation (adult/advisor) or my son/daughter's participation in this event.

I further recognize that the BCDBH - Community Services is in no way liable, or responsible for my transportation (adult/advisor) or my son/daughter's transportation to or from the event. I accept that there are inherent dangers while driving or riding in a motor vehicle, and if an incident should occur which injures, or kills me (adult/advisor) or my son/daughter on their way to or from the event, I fully understand that BCDBH - Community Services is not liable.

I have read and will abide by the rules set forth by the staff. I agree that this agreement shall apply to incident, injury, or accident occurring at the event and to any incident, injury, accident, or death occurring within a period of one (1) year after the execution of this agreement.

Educational Code: It is agreed that I will (adult/advisor) or my son/daughter will abide by the Official Operating Policies of BCDBH - Community Services, and the rules or regulations that put the safety or welfare of the group, myself (adult/advisor) or my son/daughter in jeopardy, he/she will be sent home at my expense. If I (adult/advisor) or he/she breaks any of these rules or regulations, I give my permission to the sponsor for whatever disciplinary action is judicious to ensure the safety and welfare of the group.

Medical Consent: I hereby give my consent to have the undersigned participant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that BCDBH - Community Services, and its agents, representatives, officers, any and/or all sponsors, their representatives, successors and assigns, directors, sponsors, the staff, workers, and hosts of the training provide no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the event or the nature of the illness or injury may require the use of emergency medical personnel.

Date of Last Tetanus Shot Participant Received

Name of Family Physician or Medical Group

Telephone Number

Medical Insurance Coverage

Medical Group Number

I further grant full permission to BCDBH - Community Services and its directors to use an audio and/or visual recording and/or photographs of this event with me in it for promotional and/or educational purposes without receiving any financial return or further authorization. I have read and understand this document. I understand it is a release of all claims. I understand I assume all risk inherent in participation in the BCDBH - Community Services event. I voluntarily sign my name evidencing my acceptance of the above provisions.

Participant Signature

Date

Print Participant's Name **Age**

If 18 or under Guardian Signature Required

Date

STATEWIDE TEEN LEADERSHIP TRAINING INSTITUTE

REACH FOR THE FUTURE '09

Adult/Advisor Agreement

NAME _____

COUNTY _____

As a participant and adult chaperone I will meet with my group prior to the conference to discuss the participant agreement, transportation, and make sure that all forms have been filled out **completely** and are turned in on time.

As a participant and adult chaperone, I agree to the following:

- I am responsible for my group of students and I will do my best to ensure that they behave in an appropriate manner at all times during the conference. I will know the general whereabouts of my group and will be available to respond to any emergencies or needs they have.
- I agree to attend and participate in **ALL** scheduled program activities and in case of a problem, I will notify the conference staff as soon as possible.
- I agree to remain on the premises at all times.
- I will abstain from alcohol, tobacco and other drug use while attending the conference.
- I will attend the advisor meeting at the conference.
- I will assist the conference staff with room checks to ensure that all students are in their assigned rooms by curfew.
- I will not make any room changes, or snack/vending machine runs.
- I will show up to the conference (with my students) on time for registration and **we will not leave the conference early**.

Advisor/Chaperone Signature

Date

Participant Agreement

NAME: _____

COUNTY: _____ ADVISOR: _____

We would like to ensure as a participant at the "Reach for the Future " Youth Conference, that you have a great safe experience therefore everyone will agree to the following:

- I will abstain from alcohol, tobacco, and other drug use while attending the conference. I understand that if alcohol, tobacco, and other drugs are found in my room or in my possession, I will be sent home at my own/my parents/ guardians expense.
- I am responsible for my own actions and will conduct myself in an appropriate manner at all times during the leadership conference.
- I agree to attend and participate in **ALL** scheduled program activities and in case of a problem, will clear my absence with my advisor and conference staff.
- I agree to remain on the premises at all times.
- I agree to abide by the curfew.
- I agree to show up for registration on time and stay for the entire conference.
- I agree to go to my assigned workshops and sleep in the room I am assigned.
- I will act appropriately and responsibly at all times. I will remain in the assigned locations and follow all conference guidelines.
- Conference sponsors are not responsible for any stolen or misplaced items. Please leave all valuables at home.
- I understand that violation of any of the above stated terms and conditions will subject me to immediate expulsion from the conference. I will have no right for a refund and my parent(s) or guardians(s) will be notified. I will be responsible for my own transportation home.

Participant Signature

Date

Advisor/Chaperone Signature

Date

Parent /Guardian Signature

Date

STATEWIDE TEEN LEADERSHIP TRAINING INSTITUTE
REACH FOR THE FUTURE '09

PARENT / GUARDIAN TRANSPORTATION PERMISSION FORM

EACH PARTICIPANT MUST COMPLETE AND SUBMIT THIS FORM (SIGNED BY PARENT IF PARTICIPANT IS UNDER THE AGE OF 18 YRS. OLD). PARTICIPANTS WILL NOT BE ALLOWED TO GET INTO COUNTY CARS/VANS/VEHICLES WITHOUT THIS FORM—FILLED OUT COMPLETELY AND SIGNED.

(Please print)

Name: _____

Date: _____

School: _____

Agency: _____

I hereby agree to permit my son/daughter to participate in the activity listed below and to use the transportation indicated:

Activity: Reach for the Future _____

Destination: Varied _____

Date(s) of Trip: Varied 2009 _____

Transportation: County Vehicles _____

Name of Sponsor: BCDBH _____

Contact Person: Cary Yasuhara _____

Phone: (530) 891-2891 _____

It is agreed that my son/daughter will abide by the provisions of the Official Operating Policies of BCDBH *Prevention Unit*, and the rules and regulations of the sponsor while participating in the activity. I hereby agree and understand that if my son/daughter breaks any rules or regulations that place the safety or welfare of the group or himself/herself in jeopardy, he/she will be sent home early.

If he/she breaks any of these rules or regulations, I give my permission to the sponsor for whatever disciplinary action is judicious to ensure the safety and welfare of the group.

I also agree that in the event of an emergency, the supervising adults may seek any medical treatment or surgery needed for my son/daughter without further approval while he/she is on this trip.

I further agree that while on this trip my son's/daughter's picture may be taken and reproduced for educational purposes using still, motion, or video tape.

Parent's/Guardian's Signature: _____

Address: _____

Home Phone: _____

Work Phone: _____

Student's Signature _____

In case of an emergency, if you cannot be reached, who should be contacted:

Name: _____

Relationship: _____

Phone: _____