



INLAND EMPIRE FUTURE LEADERS PROGRAM

INTERACTIVE PDF:Down

2018 Peer Counselor Application Form

(Please mail the entire application in one envelope.)

(Note: You can download an MS Word Form version of this page from www.iefll.org. Save it, fill it out, and print it using your computer.)

PART 1: PERSONAL DATA (Please type or print)			
Name:	Birthdate:	Age:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Home Address:		Home Phone:	
City:	State:	ZIP:	Your Cell:
E-mail:		Are you a fluent Spanish speaker? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent Name:	Parent E-mail:	Parent Cell:	
School:		Grade:	Approx. GPA:
Emergency Contact Name:	Relationship to Student:	Emergency Phone:	
When did you last serve on IEFLP staff?	Names of your fellow familia staff members:		
What is your t-shirt size? (Please check one size.) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL			
Social Media Accounts (Optional) Please also provide Username(s).			

PART 2: ACTIVITIES		
ACTIVITIES IN SCHOOL	YEARS INVOLVED	GRADE LEVEL
ACTIVITIES OUTSIDE OF SCHOOL	YEARS INVOLVED	GRADE LEVEL

PARENT/APPLICANT CONSENT: My signature below indicates my consent for my daughter/son to apply for the IEFLP Conference. I also consent to the release of the information contained in this application to IEFLP. (Parent consent required if applicant is under 18 years of age.)	
Applicant Signature:	Parent/Guardian Signature:

PART 3: RÉSUMÉ

Please attach a one-page résumé. Use standard résumé format. For help with your résumé, consult with your high school or university career guidance center and look for examples on the Internet.

PART 4: ESSAY

Please write a 250 word essay addressing the following points:

<input type="checkbox"/>	a) What, in your view, is a Peer Counselor?
<input type="checkbox"/>	b) What do you think the roles of a Peer Counselor are?
<input type="checkbox"/>	c) Why would you like to be a Peer Counselor?
<input type="checkbox"/>	d) Why should you be selected as a Peer Counselor?
<input type="checkbox"/>	e) What would you contribute to the program, the delegates, and fellow staff members?

PART 5: GRADES

OBTAIN A COPY OF YOUR TRANSCRIPT from your school office and mail it along with your application. Please do not send in a copy of your transcript printed by you using a parent/student portal.

PART 6: RECOMMENDATIONS

GET ONE LETTER OF RECOMMENDATION. If in high school, get a letter from a teacher or counselor. If in college/university, get a letter from an instructor, school official, or community leader. Please ask him/her to write the letter of recommendation on the enclosed form.

The letter of recommendation is very important. **WE WILL NOT ACCEPT YOUR APPLICATION UNLESS IT INCLUDES A LETTER OF RECOMMENDATION.**

PART 7: CULTURA SESSIONS

Please mark a total of **three** activities in order of preference (1, 2, 3) for the conference Cultura Sessions which you would like to lead:

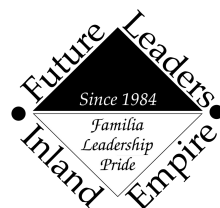
Pref.	Cultura Session
	Baile Folklórico
	Coro/Music
	Current Latino Issues

Pref.	Cultura Session
	History of Our Culture
	Journalism
	Mural Design

Pref.	Cultura Session
	Modern Dance
	Poetry
	Teatro

PART 8: MEDICAL HISTORY FORM + AGREEMENT & MEDICAL RELEASE FORMS

Please fill out and sign the Medical History Form and the Agreement & Medical Release Form included in this application packet. Please submit these with your application. If under 18, please download “Medical Forms for Staff Under 18” from the Downloads page of www.iefl.org. Please attach your photograph to Medical Form.



PLEASE
ATTACH
PHOTOGRAPH
HERE

STAFF MEDICAL HISTORY

Adult Form

If you are to attend and participate in the IEFLP Leadership Conference and training activities, you must complete this medical history form. **You cannot participate in any activities if this information is not returned to us.** Kindly supply all requested information.

Please attach your recent, clear head shot photograph at left. PLEASE TYPE OR PRINT.

Last Name	First Name	MI	Sex	Birthdate	Birthplace
Address	City	State	ZIP	Home Phone	
				()	
Full Name of person to notify in case of emergency:					Relationship
Address	City	State	ZIP	Emergency Phone	
				()	

Family Doctor	Doctor's Address	City	State	ZIP	Doctor's Phone
					()

Medical Insurance Information

Policy Holder	Health Plan/Insurance Company
Policy Number	Expiration Date

1. If you do not have medical insurance, how do you get medical services?

2. Are you experiencing any of the following medical problems:

Asthma	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Stomach Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blood Disorders (Anemia)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Migraine Headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Menstrual Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Seizure Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Please list any other ongoing medical problems:

4. Do you have any allergies? (Medications, foods, bee stings, plants, Insect bites, etc.) Yes No

To what? _____

Describe your reaction. (In your description indicate if it is mild, moderate, or severe.)

How do you treat it? _____

Do you carry an EpiPen®? Yes No



STAFF MEDICAL HISTORY

Adult Form

(Continued)

5. Are you taking any medications prescribed by a doctor? Yes No

Are you taking any other medications (including over-the-counter medications)? Yes No

If you take any medications, please make a list of those medications (prescribed or over-the-counter) that you will be taking during the conference. Please attach a list to this form or list them on the back of this form. If you have an inhaler and a spare, be sure to bring them with you.

6. When was your last tetanus shot? Month _____ Year _____

Please attach a copy of your vaccination record. If record is not submitted, you cannot be accepted.

Tetanus shot is good for ten years. If not current, it **MUST** be updated. Contact us if you need a referral to a free clinic.

7. Do you have limitations to physical exercise? Please explain.

8. Please describe any special dietary needs.

9. Eating disorders can be detrimental to the health of a participant, particularly in the altitude and warm climate at the Conference. Some disorders such as anorexia cannot be accommodated at the Conference. For their personal safety, participants discovered to have eating disorders will be sent home.

Please initial here: _____

Staff Member's Signature	Print Name As Signed	Date

Important Note: If you are not 18 years of age by February 1, you must submit the medical forms for staff members under 18 years of age. Please download those forms from our web site: www.iefll.org.



Inland Empire Future Leaders Program
Agreement & Medical Release
Adult Form

I, _____ will be participating in activities sponsored by the Inland Empire Future Leaders Program. In completing the required medical form, I have provided accurate and complete information about my medical record.

I hereby authorize Inland Empire Future Leaders Program, its personnel and representatives, to act on my behalf in taking such action and securing and authorizing such treatment as they, or any of them, may deem appropriate with respect to any emergency, accident, illness, or similar circumstance arising in connection with the sponsored activities. I agree that Inland Empire Future Leaders, its personnel and representatives shall not have any liability for taking or authorizing any such action or treatment.

I agree to be responsible for, and to pay promptly, any bills for medical, optical, dental or related services, or treatment authorized by Inland Empire Future Leaders, whether or not such services are covered by insurance.

I agree to release and discharge Inland Empire Future Leaders, its personnel and representatives from any liability or demands that might arise in connection with 1) any accident, illness, or injury, or other consequence or event arising from in connection with my participation in the leadership development, or 2) any cause beyond the control of Future Leaders Program, including but not limited to, natural disasters or civil disturbances.

I understand that the IEFLP Leadership Conference takes place at an altitude of 6000 feet. I further understand that the terrain is mountainous and hilly, requiring some hiking. I understand that at times I will engage in some strenuous physical activity. I am aware that I must take care to stay hydrated, to wear sunscreen, to use insect repellent, and to protect my feet by wearing appropriate footwear (such as tennis shoes) at all times. I understand that I may be exposed to typical plants and insects found in a Southern California mountain forest environment.

Staff Member Agreement: I agree to abide by the rules, regulations and conditions set forth by the Inland Empire Future Leaders Program while participating. In completing the required medical form, I have provided accurate and complete information about my medical record.

Staff Member's Signature

Date

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