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FACILITATOR APPLICATION

*LATINO STUDENT
LEADERSHIP CONFERENCE*

June 18–23, 2017

IDYLLWILD PINES CAMP
IDYLLWILD, CALIFORNIA

• MAY BE DUPLICATED •



Inland Empire Future Leaders Program

www.iefll.org

January 2017

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Dear Future Leader:

You have expressed a desire to serve as a **Facilitator** for this summer's Inland Empire Future Leaders Conference, scheduled for June 18–23, 2017 at Idyllwild Pines Camp in Idyllwild.

We will be selecting 12 Facilitators who will help Future Leaders prepare 120 delegates to be leaders in the 21st Century. We are pleased that you are considering applying for the position.

The Facilitator assignment is as challenging as it is rewarding; it will also be "the hardest work you will ever love!" As a volunteer, it is essential that you be fully informed about what is expected before you commit yourself to the task. Therefore, all selected staff members will attend three mandatory training meetings at CSUSB on April 23rd, May 21st, and June 4 (all Sundays), and Staff Orientation at Idyllwild Pines Camp on Saturday, June 17, 2017.

Enclosed is an application and a position description. Please review the material carefully and submit your application by **February 1, 2017**, if you are interested in being considered as a Facilitator. You may also download the application from our web site at www.iefll.org.

Please note that we are now requiring your photograph on the Medical History Form. It should be a recent, **clear head shot** so that medical personnel can easily identify you. (It **does not** have to be a *professional* photograph.)

We look forward to hearing from you. Please feel free to call me if you should have any questions.

Sincerely,

Dr. Tom M. Rivera, Director
(909) 213-0515
E-mail: drtom@iefll.org



INLAND EMPIRE FUTURE LEADERS PROGRAM

2017 Facilitator 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:			Are you a fluent Spanish speaker? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Home Address:				Phone:	
City:		State:	ZIP:	Cell:	
E-mail:			Business Phone:		
Current Employer:			Job Title:		
Contact person in case of emergency:					
Relationship of emergency contact:				Emergency Phone No.	
When and in what position did you last serve on IEFLP staff?			If applicable, names of your familia staff:		
What is your t-shirt 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 (Please check one size.)					

PART 2: Educational Background			
HIGH SCHOOL ATTENDED:			
City/State:	ZIP:	Year of Graduation:	
COLLEGES & UNIVERSITIES:			
Dates of Attendance:			
Degrees Earned:			
Majors/Minors:			
Credentials Held:			
ADDITIONAL TRAINING:			

PART 3: Hobbies & Talents
Social Media Accounts (Optional) Please also provide Username(s).

PART 4: WORK EXPERIENCE

Please list your experiences relevant to this conference. List experiences you have had working with youth and specify whether this work has been community, school, church, or other related work. (Please indicate previous participation with IEFLP. Attach additional pages if needed.)

PART 5: CULTURA SESSIONS

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

Pref.	Cultura Session	Pref.	Cultura Session	Pref.	Cultura Session
	Baile Folklórico		History of Our Culture		Modern Dance
	Coro/Music		Journalism		Poetry
	Current Latino Issues		Mural Design		Teatro

PART 6: RÉSUMÉ

Please provide a copy of your current résumé.

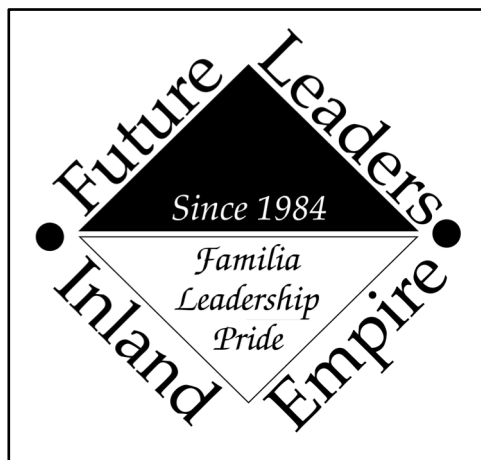
PART 7: ESSAY

Please write or type your essay on a separate sheet of paper and attach it to your application. Include the following items in your essay:

1. What, in your view, is a Facilitator?
2. What do you think the roles of a Facilitator are?
3. Why would you like to be a Facilitator?
4. Why should you be selected to be a Facilitator?
5. What would you contribute to the program, the delegates, and fellow staff members?

MAIL COMPLETED APPLICATION TO:
 IEFLP
 Frank Acosta
 845 N. 9th Street
 Colton, CA 92324

APPLICATION MUST BE POSTMARKED
 NO LATER THAN **February 1, 2017**
 Mailed packet must include completed Application Form, Staff Medical History Form with photo, Résumé, and copy of vaccination records.



DATES TO REMEMBER

- | | |
|-------------------|---|
| February 1 | Deadline for Staff Applications. Must be postmarked by this date. |
| April 23 | Staff Training, at CSUSB, Chaparral Hall |
| May 21 | Staff Training, at CSUSB, Chaparral Hall |
| June 4 | Staff Training, at CSUSB, Chaparral Hall |
| June 18 | Staff Orientation at Idyllwild Pines Camp, Idyllwild, California |
| June 18–23 | Latino Leadership Conference, Idyllwild Pines Camp, Idyllwild, California |
| June 18 | 9:30 A.M. to 12:00 NOON Registration and Parent Orientation for Leadership Conference at California State University, San Bernardino.
Buses depart for Idyllwild. |
| June 23 | Future Leaders return to California State University, San Bernardino.
4:00 P.M. Parent Presentation in Events Center.
6:00 P.M. End of Parent Presentation. Delegates may leave with their parents. |

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 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



Inland Empire Future Leaders Program Agreement & Medical Release

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



INLAND EMPIRE FUTURE LEADERS PROGRAM

FACILITATOR

Position Description

As a Facilitator, under the direction of the Facilitator Advisor, you shall:

1. Attend in-service training for staff and Facilitators.
2. Review Program and Job Description.
3. Contact the director if you have any questions prior to camp.
4. Get materials together before the conference if you have any responsibility for a program area.
5. Contact assigned familia members by phone or e-mail. It is important to coordinate this with your peer counselor.
6. Sit and interact with students at meals.
7. Help students find assigned dorm rooms and settle in.
8. Get involved in icebreakers and all conference activities throughout the week.
9. At all meals, help move students to the dining hall. All students must go, even if some choose not to eat.
10. Each night, check assigned sleeping area at curfew and report to the Facilitator Advisor.
11. Before bedtime, if there are any problems, alert the Facilitator Advisor.
12. Make sure your people get some sleep. Don't let the talkers ramble on until dawn.
13. Make sure lights are off at the appropriate time after curfew.
14. Make sure your people are up and get to breakfast on time. No one sleeps in or misses any meals.
15. Get in the habit of checking attendance at all meetings to see that all members of your familia are present.
16. Meet with your Director, Assistant Director, and Advisor every day, at a set time to go over any existing or potential problems.
17. Take time to get to the loners or any others you see needing extra attention.
18. Take time each day (morning or evening) to go over the next day's program and encourage participation in any area (ask questions, etc.).
19. Be a positive role model to your group and others by being punctual, by dressing appropriately and by adhering to all rules.
20. Work closely with your Advisor and keep him/her informed; because, ultimately, you are responsible for your group. Work as a team.
21. Don't group or pair up with other facilitators. It's easy to do because it's comfortable, but avoid the temptation. Remember your role is to assist in making this conference a memorable one for all of the participants.
22. Help with supervision at culminating Parent Presentation.
23. Do enjoy the week. You are an important part of the conference experience. **ASK FOR HELP IF YOU NEED IT.**
24. Other duties as assigned.