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# GRADUATE ASSISTANT APPLICATION

*LATINO STUDENT  
LEADERSHIP CONFERENCE*

June 18–23, 2017

IDYLLWILD PINES CAMP

IDYLLWILD, CALIFORNIA

• MAY BE DUPLICATED •



# Inland Empire Future Leaders Program

www.iefl.org

January 2017

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Dear Future Leader:

You learned a lot from camp and now you want to come back and be a **Graduate Assistant**, right? Well, here's your chance to be part of the hardworking, energetic, and dedicated staff of our Inland Empire Future Leaders Program.

Twelve (12) alumni of our Leadership Conference will be selected to be **Graduate Assistants**. Our six-day conference will be held at the Idyllwild Pines Camp in Idyllwild from June 18–23, 2017. Selected staff members will attend three mandatory staff training workshops at CSUSB on April 23, May 21, and June 4 (all Sundays), and Staff Orientation at Idyllwild Pines Camp, on Saturday, June 17.

As a **Graduate Assistant**, you must be able to set a good example for new Future Leaders by maintaining a positive attitude, demonstrating your academic strengths, and by demonstrating that you are a mature, responsible, and enthusiastic Future Leader.

You must send us a completed application by **February 1, 2017**. This packet includes the complete application. The application is also available for download on our web page at [www.iefl.org](http://www.iefl.org).

Please note that we require 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.)

I am looking forward to hearing from you!

Sincerely,

Dr. Tom M. Rivera, Director

(909) 213-0515

E-mail: [drtom@iefl.org](mailto:drtom@iefl.org)



# INLAND EMPIRE FUTURE LEADERS PROGRAM

## 2017 Graduate Assistant 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](http://www.iefll.org). Save it, fill it out, and print it using your computer.)

<b>PART 1: PERSONAL DATA</b> (Please type or print)			
Name:	Birthdate:	Age:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Home Address:		Home Phone:	
City:	State:	ZIP:	Student Cell:
Student E-mail:		Are you a fluent Spanish speaker? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent Name:	Parent E-mail:	Parent Cell:	
Emergency Contact Name:	Relationship to Student:	Emergency Phone:	
School Name:	Grade:	Approx. GPA:	
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			
<b>Social Media Accounts</b> (Optional) Please also provide Username(s).			

<b>PART 2: ACTIVITIES</b>	<i>Tell us about class offices, clubs, organizations, organized sports, or hobbies in which you have been active. You may also include work experience and Future Leaders Activities.</i>	
ACTIVITIES IN SCHOOL	YEARS INVOLVED	GRADE LEVEL
ACTIVITIES OUTSIDE OF SCHOOL	YEARS INVOLVED	GRADE LEVEL

<b>PARENT/GUARDIAN CONSENT:</b> 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.	
Student Signature:	Parent/Guardian Signature:

### PART 3: ESSAY

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

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | a) Skills you have which would make you a valuable Graduate Assistant.               |
| <input type="checkbox"/> | b) Why you want to be a Graduate Assistant.  |
| <input type="checkbox"/> | c) What you think the role and responsibilities of the Graduate Assistant should be. |

**Note:** You are strongly encouraged to get help from your parents, teachers, a counselor, or your principal in the preparation of this essay.

### PART 4: GRADES

OBTAIN A COPY OF YOUR TRANSCRIPT from your school office and mail it along with your application to Dr. Rivera.

### PART 5: RECOMMENDATIONS

GET TWO LETTERS OF RECOMMENDATION. Get one letter from a teacher and the other from a counselor, principal, clergyman, or community leader. Have them write your letters of recommendation on the forms enclosed. (Letters from immediate family or relatives will not be accepted.)

These letters are very important. **WE WILL NOT ACCEPT YOUR APPLICATION UNLESS IT INCLUDES THE TWO LETTERS OF RECOMMENDATION.**

### PART 6: MEDICAL HISTORY FORM + AGREEMENT & MEDICAL RELEASE FORM

Please fill out and sign the Medical History Form and the Agreement & Medical Release Form included in this application packet. Make sure your parent/guardian also signs both forms. Please submit these with your application.

### CHECK-OFF LIST FOR COMPLETING APPLICATION

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Application form is filled out completely and correctly.   |
| <input type="checkbox"/> | Your essay is written in essay form and is attached to application.  |
| <input type="checkbox"/> | You have asked a teacher to write a letter of recommendation.  |
| <input type="checkbox"/> | You have asked a counselor, principal, clergyman, or community leader to write a letter of recommendation.   |
| <input type="checkbox"/> | You have picked up your written letters of recommendation and have attached them to your application.  |
| <input type="checkbox"/> | You have obtained your transcript from your school and attached it to your application.  |
| <input type="checkbox"/> | You have filled out the <b>Medical History</b> and <b>Agreement &amp; Medical Release</b> forms and signed them. Your parent/guardian has also signed both forms. You attached a recent photograph to the Med. Form. |
| <input type="checkbox"/> | Your application is signed by your parent or guardian.   |
| <input type="checkbox"/> | Deadline notice: <b>All parts of the application must be mailed together and postmarked by February 1, to be considered for selection.</b>   |

**MAIL COMPLETED  
APPLICATION TO:**

IEFLP  
Frank Acosta  
845 N. 9<sup>th</sup> Street  
Colton, CA 92324

**APPLICATION MUST BE POSTMARKED NO LATER THAN *February 1, 2017***



**FUTURE LEADERS PROGRAM**  
**www.iefl.org**

**2017 TRANSCRIPT REQUEST FORM**

**Use this form to request a transcript of your grades from your school.**

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

To: School Secretary

From: \_\_\_\_\_  
Parent (Please print)

**Please provide me with a copy of my son's/daughter's transcript (report card) to be used to complete his/her application for the 2017 Inland Empire Summer Leadership Program. Without this transcript his/her application will not be accepted.**

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Parent's or Guardian's Signature



**INLAND EMPIRE  
FUTURE LEADERS PROGRAM  
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**GRADUATE ASSISTANT  
2017 LETTER OF RECOMMENDATION**

<b>CONCERNING:</b>	Applicant's Name

Please type. If possible, limit remarks to this page. Please comment on student's academic potential, leadership abilities, character, and ability to get along with others. Please return to student to submit with application.  
(An MS Word Form version of this letter can be downloaded from [www.iefl.org](http://www.iefl.org).)

Signature		Date	Email	
Print Name		Title	Phone	
Institution/Organization/Firm	Address	City	Zip	

**APPLICANT: ATTACH TO APPLICATION AND MAIL BY February 1, 2017.**



**INLAND EMPIRE  
FUTURE LEADERS PROGRAM  
www.iefl.org**

**GRADUATE ASSISTANT  
2017 LETTER OF RECOMMENDATION**

<b>CONCERNING:</b>	Applicant's Name

Please type. If possible, limit remarks to this page. Please comment on student's academic potential, leadership abilities, character, and ability to get along with others. Please return to student to submit with application.  
(An MS Word Form version of this letter can be downloaded from [www.iefl.org](http://www.iefl.org).)

Signature		Date	Email	
Print Name		Title	Phone	
Institution/Organization/Firm		Address	City	Zip

**APPLICANT: ATTACH TO APPLICATION AND MAIL BY February 1, 2017.**



## STAFF MEDICAL HISTORY

Staff Members Under 18

If you are to attend and participate in the IEFLP Leadership Conference, you and your parent (or guardian) must complete this medical history form. **You cannot attend the Conference if this information is not returned to us.** Kindly supply all requested information. Please attach a recent 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	Work 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. Is your child experiencing any of the following medical problems:

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

3. Please list any other ongoing medical problems:

4. Does your child have any allergies?

(Medications, foods, bee stings, plants, insect bites, etc.)    **Yes**     **No**

To what? \_\_\_\_\_

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

\_\_\_\_\_

How do you treat it? \_\_\_\_\_

Does your child carry an EpiPen®?    **Yes**     **No**





Inland Empire Future Leaders Program  
**STAFF MEDICAL HISTORY**  
 Staff Members Under 18  
 (continued)

5. Is your child taking any medications prescribed by a doctor? Yes  No

Is he/she taking any other medications (including over-the-counter medications)? Yes  No

If your child takes any medications, please **make a list of those medications** (prescribed or over-the-counter) that she/he will be taking during the conference. Please attach a list to this form or list them on the back of this form. If your child has an inhaler and a spare, be sure she/he to brings them.

6. When was your child's last tetanus shot? Month \_\_\_\_\_ Year \_\_\_\_\_

Please attach a copy of his/her vaccination record. If record is not submitted, your child 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 your child 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: \_\_\_\_\_

Parent's/Guardian's Signature	Parent's/Guardian's Printed Name	Date



**Inland Empire Future Leaders Program  
AGREEMENT & MEDICAL RELEASE  
Staff Form**

Staff Members Under 18

I am the parent or legal guardian of \_\_\_\_\_ who will be participating in activities sponsored by Inland Empire Future Leaders Program. In completing the required medical form, I have provided accurate and complete information about my child's medical record.

I hereby authorize Inland Empire Future Leaders Program, its personnel and representatives, to act for me on \_\_\_\_\_'s 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 activity. 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 son/daughter's 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 our child will engage in some strenuous physical activity. I am aware that my child must take care to stay hydrated, to wear sunscreen, to use insect repellent, and to protect her/his feet by wearing appropriate footwear (such as tennis shoes) at all times. I understand that he/she may be exposed to typical plants and insects found in a Southern California mountain forest environment.

In completing the required medical form, I have provided accurate and complete information about my child's medical record.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## INLAND EMPIRE FUTURE LEADERS PROGRAM

### GRADUATE ASSISTANT Position Description

Under the supervision of the Graduate Assistant Advisor and Facilitator, the Graduate Assistant shall:

1. Make motivational posters and banners.
2. Convey information to assigned familias.
3. Set up "Mail Boxes" for all conference participants.
4. Issue Cariño-Gram packets.
5. Set up tables before meals and clean eating area.
6. Assist with afternoon enrichment activities.
7. Set up and distribute office supplies as needed.
8. Participate in all program activities.
9. Be a role model! Model leadership qualities and enthusiasm (icebreakers, camp songs and cheers).
10. Assist in clean up/loading/unloading upon departure and arrival at Idyllwild and CSUSB.
11. Assist in Parent Presentation at CSUSB.
12. When students arrive at CSUSB, direct students to assigned areas for Parent Presentation rehearsals.
13. Assist with clean up at the end of the Parent Presentation.
14. Other duties as assigned.

#### ***DATES TO REMEMBER***

<b>February 1</b>	Deadline for Graduate Assistant Application
<b>April 23</b>	<b>Staff Training at CSUSB, Chaparral Hall</b>
<b>May 21</b>	<b>Staff Training at CSUSB, Chaparral Hall</b>
<b>June 4</b>	<b>Staff Training at CSUSB, Chaparral Hall</b>
<b>June 17</b>	Staff Orientation at Idyllwild Pines Camp, Idyllwild, California
<b>June 18–23</b>	Latino Leadership Conference, Idyllwild Pines Camp, Idyllwild
<b>June 18</b>	<b>9:30 A.M. to 12:00 NOON</b> Registration and Parent Orientation for Leadership Conference at California State University, San Bernardino. Buses depart for Idyllwild
<b>June 23</b>	Future Leaders return to California State University, San Bernardino <b>4:00 P.M.</b> Parent Presentation in Events Center <b>6:00 P.M.</b> End of Parent Presentation. Delegates may leave with parents