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# SENIOR & SUPPORT STAFF 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 **senior or support member of the staff** for this summer's Inland Empire Latino Leadership Conference, scheduled for June 18–23, 2017 at Idyllwild Pines Camp in Idyllwild.

We will be selecting several **senior and support staff members** who will help Future Leaders prepare 120 delegates to be leaders in the 21<sup>st</sup> Century. We hope that you will consider applying for a position on the senior staff.

**Senior and support staff position** assignments are as challenging as they are rewarding. 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 **senior and support staff members** will attend three mandatory training meetings at CSUSB on April 23<sup>th</sup>, May 21<sup>th</sup>, and June 4<sup>th</sup> (all Sundays), and Staff Orientation at Idyllwild Pines Camp on Saturday, June 17, 2017.

Enclosed is an application and a list of positions. Please review the material carefully and submit your application by **February 1, 2017**, if you are interested in being considered for a **senior or support staff position**. You may also download the application from our web site at **www.iefll.org**. Descriptions of the positions are also available on the Downloads page of the web site. Look for the document titled "Staff Positions Descriptions".

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](mailto:drtom@iefll.org)



**INLAND EMPIRE  
FUTURE LEADERS PROGRAM**  
2017 Senior/Support Staff Application Form  
(Please mail the entire application in one envelope.)

**Position for which you are applying:**

(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.)

**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? (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			

**PART 2: Educational Background**

<b>HIGH SCHOOL ATTENDED:</b>			
City/State:	ZIP:	Year of Graduation:	

<b>COLLEGES &amp; UNIVERSITIES:</b>			
<b>Dates of Attendance:</b>			
<b>Degrees Earned:</b>			
<b>Majors/Minors:</b>			
<b>Credentials Held:</b>			

<b>ADDITIONAL TRAINING:</b>	

**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: RÉSUMÉ**

Please provide a copy of your current résumé.

**PART 6: ESSAY**

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

1. What, in your view, are the responsibilities of the position for which you are applying?
2. What do you think are the roles of that position?
3. Why would you like to hold that position at IEFLP?
4. Why should you be selected to hold that position?
5. What would you contribute to the program, the delegates, and fellow staff members?

**PART 7: 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](http://www.iefl.org).

**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*  
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 17** Staff Orientation at Idyllwild Pines Camp, Idyllwild,
- June 18–23** Latino Leadership Conference, Idyllwild Pines Camp, Idyllwild.
- 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

## IEFLP 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 <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. 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**



## IEFLP 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

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





## INLAND EMPIRE FUTURE LEADERS PROGRAM

### *Senior & Support Staff Positions*

Conference Executive Director

Associate Directors

Conference Directors

Advisor Coordinator

Familia Staff Advisors:

Facilitator Advisor, Peer Counselor Advisor, Graduate Assistant Advisor

Conference Counselor

Safety Coordinator

Security Patrol

Logistics Coordinator

Workshop Coordinator

Guest/Public Relations

Photographer

Registration Coordinator

Music Coordinator

Medical Documentation Coordinator

Descriptions of staff positions are available for download on the IEFLP web site.  
Look for the "Staff Positions Descriptions (2015)" document.  
at [www.iefl.org](http://www.iefl.org).

The staff positions are also described in Section 2 of the  
*IEFLP Staff Handbook*.