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GRADUATE APPRENTICE APPLICATION

*LATINO STUDENT
LEADERSHIP CONFERENCE*

June 14–19, 2020

IDYLLWILD PINES CAMP

IDYLLWILD, CALIFORNIA

• MAY BE DUPLICATED •



Inland Empire Future Leaders Program

www.iefl.org

January 2020

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Dear Future Leader:

You learned a lot from camp and now you want to come back and be a Graduate Apprentice, 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 Apprentices. Our six-day conference will be held at the Idyllwild Pines Camp in Idyllwild from June 14–19, 2020. Selected staff members will attend three mandatory staff training workshops at CSUSB on April 26, May 17, and May 31 (all Sundays), and Staff Orientation at Idyllwild Pines Camp, on Saturday, June 13.

As a Graduate Apprentice, 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, 2020. This packet includes the complete application. The application is also available for download on our web page at 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.)

All IEFLP staff members must provide proof of a negative tuberculosis (TB) test. Further information will be provided with staff acceptance notification letters.

I am looking forward to hearing from you!

Sincerely,

Dr. R.C. Heredia, Director

(310) 413-0041

E-mail: DrRC@iefl.org



INLAND EMPIRE FUTURE LEADERS PROGRAM

2020 Graduate Apprentice 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:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Home Address:	Home Phone:	Self-identity: _____	
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? <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.)			
Social Media Accounts (Optional) Please also provide Username(s).			

PART 2: ACTIVITIES	<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

PARENT/GUARDIAN 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.	
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.

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 office and attached it to your application. |
| <input type="checkbox"/> | You have filled out the Medical History and Agreement & Medical Release 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: All parts of the application must be mailed together and postmarked by February 1 to be considered for selection. |

**MAIL COMPLETED
APPLICATION TO:**

IEFLP
Frank Acosta
845 N. 9th Street
Colton, CA 92324

APPLICATION MUST BE POSTMARKED NO LATER THAN February 1, 2020



FUTURE LEADERS PROGRAM
www.iefl.org

2020 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 2020 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 APPRENTICE
 2020 LETTER OF RECOMMENDATION

CONCERNING:	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.)

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

APPLICANT: ATTACH TO APPLICATION AND MAIL BY February 1, 2020.



INLAND EMPIRE
FUTURE LEADERS PROGRAM
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GRADUATE APPRENTICE
2020 LETTER OF RECOMMENDATION

CONCERNING:	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.)

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

APPLICANT: ATTACH TO APPLICATION AND MAIL BY February 1, 2020.



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 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. 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.

6a. 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.

6b. When was your child's last Measles, Mumps, Rubella (MMR) vaccination?

Month _____ Year _____

(Current MMR vaccination is required prior to being accepted to attend the IEFLP Conference.)

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

Revised January 15, 2015



INLAND EMPIRE FUTURE LEADERS PROGRAM

GRADUATE APPRENTICE Position Description

Under the supervision of the Graduate Apprentice Advisor and Facilitator, the Graduate Apprentice 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 cleanup/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

February 1	Deadline for Graduate Apprentice Application
April 26	Staff Training at CSUSB, Chaparral Hall
May 17	Staff Training at CSUSB, Chaparral Hall
May 31	Staff Training at CSUSB, Chaparral Hall
June 13	Staff Orientation at Idyllwild Pines Camp, Idyllwild, California
June 14–19	Latino Leadership Conference, Idyllwild Pines Camp, Idyllwild
June 14	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 19	Future Leaders return to California State University, San Bernardino 4:00 P.M. Parent Presentation in CSUSB Den 6:00 P.M. End of Parent Presentation. Delegates may leave with Parents