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INLAND EMPIRE FUTURE LEADERS PROGRAM

20çπ 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.iefl.org**. Save it, fill it out, and print it using your computer.)

PART 1: PERSONAL DATA (Please type or print)			
Name:	Birthdate:	Age:	Gender: ☐ F ☐ M
Home Address:	Home Phone:		Self-identity: _____
City:	State: CA	ZIP:	Student Cell:
Student E-mail:		Are you a fluent Spanish speaker? ☐ YES ☐ NO	
Parent Name:	Parent E-mail:		Parent Cell:
Emergency Contact Name:	Relationship to Student:		Emergency Phone:
School Name:		Grade:	Approx. GPA:
What is your ADULT t-shirt size? (Please check one size.) ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL			
Social Media Accounts (Optional) Please also provide Username(s).			

PART 2: ACTIVITIES — *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.*

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:	

PLEASE ATTACH PHOTOGRAPH HERE

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
		CA		

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** ☐ **No** ☐
Blood Disorders (Anemia) **Yes** ☐ **No** ☐
Menstrual Disorders **Yes** ☐ **No** ☐
Stomach Problems **Yes** ☐ **No** ☐
Migraine Headaches **Yes** ☐ **No** ☐
Seizure Disorder **Yes** ☐ **No** ☐

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