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# PEER COUNSELOR APPLICATION

*LATINO STUDENT  
LEADERSHIP CONFERENCE*

June 14–19, 2020

IDYLLWILD PINES CAMP  
IDYLLWILD, CALIFORNIA

MAY BE DUPLICATED



# Inland Empire Future Leaders Program

www.iefll.org

January 2020

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Dear Future Leader:

As we enter our 36<sup>th</sup> year, we now have a large number of Future Leaders who are juniors and seniors in high school or are in their first year in college. We are confident that they would want to help the program by serving as a **Peer Counselor**. We hope that you are such an individual.

This year our six-day conference will be held at the Idyllwild Pines Camp in Idyllwild from June 14 to 19, 2020. Selected staff members will attend three mandatory training meetings at CSUSB on April 26, May 17, and May 31 (all Sundays) and will attend Staff Orientation at Idyllwild Pines Camp, on Saturday, June 13.

To provide you with an opportunity to become part of the Future Leaders Program staff this year, we are providing you with an application. Applications are also available from our web site at [www.iefll.org](http://www.iefll.org). Completed applications must be submitted by **February 1, 2020**.

You must meet the following requirements:

1. You attended the Summer Leadership Conference as a delegate.
2. You are now a **junior** or **senior** in high school or a full-time **college** student.
3. You have a 3.0 GPA—meeting the A-G college requirements.
4. You have held a school office or have had campaign experience.
5. You must attend ALL training sessions.
6. You participated one year as a Graduate Apprentice or Peer Counselor (optional).
7. You are involved in your community.
8. You must commit to being present the **entire week** of orientation and conference (June 13 through June 19, 2020).

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@iefll.org](mailto:DrRC@iefll.org)



# INLAND EMPIRE FUTURE LEADERS PROGRAM

## 2020 Peer Counselor 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:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Home Address:		Home Phone:	Self-identity _____
City:	State:	ZIP:	Your Cell:
E-mail:		Are you a fluent Spanish speaker? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent Name:	Parent E-mail:	Parent Cell:	
School:		Grade:	Approx. GPA:
Emergency Contact Name:	Relationship to Student:	Emergency Phone:	
When did you last serve on IEFLP staff?	Names of your fellow familia staff members:		
What is your Adult 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/APPLICANT 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. (Parent consent required if applicant is under 18 years of age.)	
Applicant Signature:	Parent/Guardian Signature:

### PART 3: RÉSUMÉ

Please attach a one-page résumé. Use standard résumé format. For help with your résumé, consult with your high school or university career guidance center and look for examples on the Internet.

### PART 4: ESSAY

Please write a 250 word essay addressing the following points:

<input type="checkbox"/>	a) What, in your view, is a Peer Counselor?
<input type="checkbox"/>	b) What do you think the roles of a Peer Counselor are?
<input type="checkbox"/>	c) Why would you like to be a Peer Counselor?
<input type="checkbox"/>	d) Why should you be selected as a Peer Counselor?
<input type="checkbox"/>	e) What would you contribute to the program, the delegates, and fellow staff members?

### PART 5: GRADES

OBTAIN A COPY OF YOUR TRANSCRIPT from your school office and mail it along with your application. Please do not send in a copy of your transcript printed by you using a parent/student portal.

### PART 6: RECOMMENDATIONS

GET ONE LETTER OF RECOMMENDATION. If in high school, get a letter from a teacher or counselor. If in college/university, get a letter from an instructor, school official, or community leader. Please ask him/her to write the letter of recommendation on the enclosed form.

The letter of recommendation is very important. **WE WILL NOT ACCEPT YOUR APPLICATION UNLESS IT INCLUDES A LETTER OF RECOMMENDATION.**

### PART 7: CULTURA SESSIONS

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

Pref.	Cultura Session
	Baile Folklórico
	Coro/Music
	Current Latino Issues

Pref.	Cultura Session
	History of Our Culture
	Journalism
	Mural Design

Pref.	Cultura Session
	Modern Dance
	Poetry
	Teatro

### PART 8: 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.iefll.org](http://www.iefll.org). Please attach your photograph to Medical Form.



## CHECK-OFF LIST FOR COMPLETING APPLICATION

<input type="checkbox"/>	Application form is filled out completely and correctly.
<input type="checkbox"/>	You have prepared a résumé and attached it to your application.
<input type="checkbox"/>	Your essay is written in essay form and is attached to application.
<input type="checkbox"/>	You have asked a teacher, counselor, instructor, school official, or community leader to write a letter of recommendation.
<input type="checkbox"/>	You have picked up your written letter of recommendation and have attached it 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 signed your application. If under 18, you have had your parent/guardian also sign.
<input type="checkbox"/>	You have filled out the <b>Medical History</b> and <b>Agreement &amp; Medical Release</b> forms and signed them. If you are under 18 you must download the form “Medical Forms for Staff Under 18” from <a href="http://www.iefl.org">www.iefl.org</a> . You have attached a recent photograph to the Medical History Form.
<input type="checkbox"/>	Deadline notice: <b>All parts of the application must be mailed together and postmarked by February 1, 2018 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, 2020*

### *DATES TO REMEMBER*

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



INLAND EMPIRE FUTURE LEADERS PROGRAM  
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2020  
HIGH SCHOOL TRANSCRIPT REQUEST FORM

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

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

To: School Secretary

From: \_\_\_\_\_  
Parent Name (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 Latino Leadership Conference. 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  
www.iefll.org**

**PEER COUNSELOR  
2020 LETTER OF RECOMMENDATION**

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

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 the Downloads page at [www.iefll.org](http://www.iefll.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

## 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 checked="" 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.

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 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

**Important Note:** If you are not 18 years of age by February 1, you must submit the medical forms for staff members under 18 years of age. Please download those forms from our web site: [www.iefl.org](http://www.iefl.org).



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

Note: If you are not 18 years of age by February 1, you must submit the medical forms for staff members under 18 years of age. Please download those forms from our web site at [www.iefll.org](http://www.iefll.org).



## INLAND EMPIRE FUTURE LEADERS PROGRAM

### PEER COUNSELOR

#### *Position Description*

As a Peer Counselor, under the direction of the Facilitator, you shall:

1. Attend all in-service training for staff and Peer Counselors.
2. Review Program and Job Description.
3. Contact the director if you have any questions prior to the conference.
4. Get materials together before camp 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 Graduate Apprentice.
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.
11. Before bedtime, if there are any problems, alert the Facilitator.
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 Facilitator, 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. Come to Staff and Peer Counselor meetings on time.
20. Be a positive role model to your group and others by being punctual, dressing appropriately and adhering to all rules.
21. Work closely with your facilitator and keep her/him informed because ultimately you are responsible for your group. Work as a team.
22. Don't group or pair up with other Peer Counselors. 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.
23. Help with supervision at culminating Parent Presentation.
24. Do enjoy the week. You are an important part of the conference experience. ASK FOR HELP IF YOU NEED IT.
25. Other duties as assigned.