

**FACILITATOR APPLICATION**  
**Rotary District 5340 LEADERSHIP, ETHICS**  
**AND DEVELOPMENT Conference**  
 Saturday, September 25, 2010 – Sunday, September 26, 2010



*Please print out this document. You will need to sign it and then return it to the LEAD Facilitator Coordinator whose address is listed below.*

**FACILITATOR INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Name You Like to be Called: \_\_\_\_\_ Gender:  Male  Female  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Men's Shirt Size:  S  M  L  XL  XXL  
 Rotary Club of: \_\_\_\_\_  
 Former Facilitator?  Yes  No If yes:  LEAD  RYLA Year(s): \_\_\_\_\_  
 Certified by District 5340 to participate in youth programs?  Yes  No  Don't know  
 Prior Experience Working with Youth: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL HISTORY OF APPLICANT**

*(All medical information must be disclosed for your safety and is kept strictly confidential by our professional medical staff members).*

Does applicant have any physical limitation or other condition or illness that is being treated that may require assistance while at camp? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, describe:

Is applicant currently taking medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please list what medications are being taken:

If YES, please explain condition medication is being used/prescribed for:

Vegetarian: \_\_\_\_\_ Yes \_\_\_\_\_ No Other dietary restrictions:

Physician/Doctor name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Phone #: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

Name	Phone #	Relationship
_____	_____	_____

**LEAD STATEMENT OF UNDERSTANDING**

My signature below indicates my understanding that as a LEAD Facilitator I must attend a mandatory ½ day training orientation session prior to the LEAD Conference. I understand that I am expected to be at the LEAD Conference for the entire 2 day duration of the conference, which is from 8:00 am Saturday through 4:00 pm Sunday. I also understand that the role of a LEAD Facilitator is to participate with the student Delegates in activities and appropriate discussions and not to use the LEAD Conference to emphasize my own views and opinions.

**Do You Agree With The Above Statement?:**  Yes  No

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

**TO BE COMPLETED BY SPONSORING ROTARY CLUB**

The Rotary Club of \_\_\_\_\_ agrees to sponsor the above named applicant to participate in the LEAD Conference, and it is understood that our club will pay this applicant's LEAD Conference registration if the applicant is selected as a Facilitator.

**Club Authorized Signature:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Please return completed application to:** Rotary District 5340 LEAD  
Facilitator Coordinator  
**Paul E. Pierce, Jr.**  
P.O. Box 235080  
Encinitas, CA 92023-5080  
(760) 942-9911  
[pepierce@cox.net](mailto:pepierce@cox.net)  
[www.rotary5340lead.org](http://www.rotary5340lead.org)