

# LEADERSHIP DEVELOPMENT CENTER 2009

learn. serve. change the world.



## DELEGATE REGISTRATION INFORMATION

Camp Pilgrim Pines, Yucaipa, CA  
American Red Cross  
August 10 – August 14, 2009

**Purpose:** Leadership Development Center focuses on building vital, just communities with young people through service-learning and education. At this camp, youth delegates gain leadership skills, exchange ideas, and build relationships. Delegates participate in a series of learning experiences focused on:

Leadership Development	team building, interpersonal communications, problem-solving, decision-making, conflict resolution and group dynamics
Community Involvement	service learning, volunteerism, local and global service, project planning, ethics and diversity, social issues
Preparedness	Red Cross training, responding to emergencies

**Conference Information:** This year's camp is located at Camp Pilgrim Pines in Yucaipa, CA, which is 40 miles east of Los Angeles ([www.pilgrimpinescamp.org](http://www.pilgrimpinescamp.org)).

Pilgrim Pines Camp and Conference Center  
39570 Glen Road  
Yucaipa, California 92399

Emergency Calls Only  
(909) 797-1821  
(909) 790-1567

**Junior and Senior LDC:** This year there will be a junior camp for middle school delegates and a senior camp for high school delegates. Both camps will follow separate schedules during the day and will combine for nighttime activities and during mealtime.

**To Apply:** Junior LDC applicants must be entering grades 6-8 in the fall of 2009 and Senior LDC applicants must be entering freshman year of high school up to age 18. Completed applications must be turned in with **\$50 deposit by June 12, 2009** to be considered (Please make checks payable to American Red Cross GLBC; write LDC & Delegates full name in the memo section on all checks). *Deposits are non-refundable unless not admitted due to limited space.*

**Camp Fees:** Delegates must submit a remaining camp fee of \$235 **no later than Friday, July 10, 2009 (no exceptions)**. The total cost for Delegates is **\$285** (\$50 Deposit + \$235 Camp Fee).

**For More Information:** Please contact Lokia Pearson, Director of Youth and Young Adult Services, by phone at (562) 490-4014 or by email at [PearsonLA@usa.redcross.org](mailto:PearsonLA@usa.redcross.org). OR Bee Kong, Youth Programs Coordinator, by phone at (310)477-5174 or by email at [KongK@arcla.org](mailto:KongK@arcla.org)

**To Register:** Please mail a completed delegate application and a \$50.00 deposit payable to the American Red Cross at:

American Red Cross  
Greater Long Beach Chapter  
3150 E. 29th Street  
Long Beach, CA 90806  
Office: (562) 595-6341

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**Camp Departure Day:** Bus transportation will be provided to the camp site on Monday, August 10<sup>th</sup>, 2009 from the Greater Long Beach Chapter of the American Red Cross. The address is:

3150 E. 29th Street  
Long Beach, CA 90806

Please arrive **no later than 6:30 a.m.** and sign in your child, noting the name/phone number of the person who is authorized to pick them up on the returning day. Breakfast is not provided so please eat before boarding.

**\*Space is limited so please mark your application if you will be riding on the bus to camp. Full payment of camp fees MUST be submitted by July 10, 2009 in order to ride the bus & attend camp\***

**Camp Return Day:** The buses will be returning on Friday, August 14<sup>th</sup>, 2009 to the Greater Long Beach Chapter of the American Red Cross. Our estimated time of arrival is 2:30 p.m. Photo IDs will be checked during sign out.

**Delegate Orientation Dates:** LDC staff will be hosting several Delegate Orientations from July through August at their local Chapters. These orientations will introduce delegates to LDC and go over what to expect from camp. Registered delegates will receive an Orientation Schedule via E-Mail after July 13<sup>th</sup>. If you would like to attend an orientation but did not receive any information about dates, please contact Bee Kong by phone at (310) 477-5174 or email at KongK@arcla.org or Lokia Pearson at (562) 490-4014 or PearsonLa@usa.redcross.org

## **About Leadership Development Center**

### **What is LDC?**

As one of several Leadership Development Centers hosted by American Red Cross chapters in California and other parts of the country, we are committed to training and empowering youth in our community. Over five days, junior high school and high school students build confidence and cultivate core leadership skills such as teamwork, public speaking, diversity/cultural understanding, used on school campuses and in life. As American Red Cross youth volunteers, staff members create sessions and activities that reinforce delegates' individual and team leadership skills. Over 200 youth come back each year as stronger individuals. They form friendships that often last a lifetime. Moreover, they become leaders who make a difference in their schools and communities.

### **What makes LDC unique?**

LDC is completely planned and staffed by high school and college youth. What is most unique about LDC is that leadership lessons don't end on the last day of camp – they continue for the youth who come back to staff the camp, and for those around them. Youth learn fundraising, marketing, and planning skills. LDC is leadership by youth, for youth. We focus on core leadership skills first in an active environment. There are no lectures! Sessions and activities are about doing, and that's a standard at LDC.

### **What can I expect to get out of attending LDC?**

Expect to expand your world by sharing your experiences with youth from all over Southern California. Be prepared to open your mind and learn something new about yourself and about what's going on in the world. Discover what you can do to make a positive impact in your life and in your community.

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# LDC 2009 Delegate APPLICATION

PLEASE READ AND COMPLETE (Print or Type CLEARLY Please)

**LDC Delegate Application due date: *June 12, 2009***

*The cost of camp is \$285 which includes meals, boarding, transportation, T-shirt, camp materials, etc.  
 Deposit (\$50) is due upon acceptance and remaining payment is due by July 10, 2009*

## DELEGATE INFORMATION:

Last Name:		First Name:			Middle Initial:	
Preferred Name:			Birthday: / /		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			City:		State:	Zip:
Preferred Phone: ( ) -		E-mail: (Required)				
School:				Grade Entering Fall 2009:		
T-Shirt Size: (Check One): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL				Ethnicity: (Optional)		
Camp: <input type="checkbox"/> Senior Camp <input type="checkbox"/> Junior Camp			Will you be riding the bus to camp from Long Beach? (Limited Space available) <input type="checkbox"/> YES <input type="checkbox"/> NO			

## DELEGATE SELF EVALUATION:

Please evaluate your skill level in the categories below

(Check 1 box per category)	Low	Medium	High
Leadership Ability	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10
Communication Skills	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10
Organizational Skills	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10
Creativity	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10
Artistic Ability	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10
Technical Knowledge	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10
Public Speaking	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10

## SCHOOL AND EXTRA-CURRICULAR ACTIVITIES

Please list any school and extra-curricular activities you are involved with this year

Name of Activity	Description and Time Commitment Level

For office use only:

## RED CROSS TRAINING AND SERVICE PROJECTS

Please list any Red Cross Training you have received and list Red Cross Service Projects you participated in

Type of Training	List of Service Projects

## QUESTIONS FOR ALL DELEGATES:

Please answer the following questions in the space provided below

**1: What motivated you to apply as a delegate for LDC 2009?**

**2: What are your expectations of LDC 2009 and what do you hope to gain from your experience at camp?**

**3: Describe a time in your life where you took a lead on something OR a time when you made a difference.**

## YOUR BOX

In the box provided below, draw something or put anything you want in the box.

## SIGNATURE

By signing, I verify that:

- I have read the Delegate Registration Information packet and understand the commitment involved in attending LDC
- I have completed all parts of the application and answered all questions truthfully and honestly.

**Signature of applicant:**

**Date:** / /

**Signature of Parent/Guardian:**

**Date:** / /

**AMERICAN RED CROSS  
LIABILITY WAIVER  
(For events involving adult and minor participants)**

I/my minor child, \_\_\_\_\_, wish/es to participate in the Leadership Development Center trainings at local Red Cross Chapters and summer camp to be held at Pilgrim Pines Camp and Conference Center in Yucaipa, CA August 10-14, 2009.

I am aware that participation in the Activity is potentially hazardous and entails a risk of physical injury. I understand and agree that I/my child am/is electing to participate at my/his/her own risk. I am not aware of any physical or medical condition that would interfere with my/my child's ability to participate.

IN CONSIDERATION OF MY/MY CHILD BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY RELEASE AND DISCHARGE THE AMERICAN NATIONAL RED CROSS, AMERICAN RED CROSS GREATER LONG BEACH CHAPTER, AND GREATER LOS ANGELES CHAPTER AND ALL OF THEIR EMPLOYEES, VOLUNTEERS, OFFICERS, AND AGENTS ("RELEASEES") FROM ANY AND ALL CLAIMS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM OR IN ANY WAY CONNECTED WITH MY/MY CHILD'S PARTICIPATION IN THE ACTIVITY, EXCEPT WHERE THE SAME IS CAUSED BY THE WILLFUL MISCONDUCT OR GROSS NEGLIGENCE OF THE RELEASEES.

***For parents/guardians of minor participants only:*** As the minor's parent/guardian, I hereby consent to his/her participation in the Activity. If my child is injured or becomes ill and neither I nor the other parent/guardian can be reached at the numbers below, I give the American Red Cross permission to seek medical attention for my child.

BY SIGNING THIS WAIVER, I AFFIRM THAT I HAVE READ AND UNDERSTAND IT AND AGREE WITH ITS CONTENTS.

\_\_\_\_\_  
Signature of Participant (over 18) or, if Participant is a minor,  
The Participant's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant (over 18) or Participant's Parent/Guardian

**Photo Release**

I understand that I/my child may be photographed during the course of the Activity. I grant full and unlimited permission to the American Red Cross, and their agents and affiliates to use my/my child's name, photographs or any other record of participation in this Activity in any broadcast, telecast or other account of the Activity for publicity purposes, without compensation, by placing my initials here. \_\_\_\_\_

**EMERGENCY INFORMATION  
(To be provided by parent/guardian of minor participant)**

Please indicate how we can best reach you in an emergency:

Parent/Guardian 1:

Parent/Guardian 2:

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

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

Daytime: \_\_\_\_\_

Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

Evening: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Health History Form

To parents/guardians: This form is to be completed in full and returned with the rest of the application. This information would be needed in case of illness or emergency and will be kept confidential. We do not take any responsibility for a pre-condition of the youth participating in the American Red Cross Leadership Development Center (LDC) or lack of information regarding medical history. All participants are required to submit this form prior to attending the Leadership camps.

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Does participant wear glasses/contacts **YES NO**

General Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### (A copy of insurance card must be attached)

If there has been any history of the following, please check:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Eye trouble        | <input type="checkbox"/> Anemia          | <input type="checkbox"/> Vegetarian         |
| <input type="checkbox"/> Depression            | <input type="checkbox"/> Fainting/Dizziness | <input type="checkbox"/> Pneumonia       | What type _____                             |
| <input type="checkbox"/> Hyperactivity/ADHD    | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Seizures        |   |
| <input type="checkbox"/> Chronic cough         | <input type="checkbox"/> Heart trouble      | <input type="checkbox"/> Sinus problems  | <input type="checkbox"/> Other (not listed) |
| <input type="checkbox"/> Convulsions           | <input type="checkbox"/> Hemophilia         | <input type="checkbox"/> Sore throats    | Please list: _____                          |
| <input type="checkbox"/> Deafness/Ear problems | <input type="checkbox"/> Hernias            | <input type="checkbox"/> Ulcers          |   |
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Hives              | <input type="checkbox"/> Eating Disorder |   |
| <input type="checkbox"/> Broken bones          | <input type="checkbox"/> Joint Problems     | <input type="checkbox"/> Mental disorder | Please list: _____                          |

Comments on checked items (include diet limitations, if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies (to medicine, food, bee stings, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All medications should be labeled with prescription and given to the LDC Camp Director during registration at camp. Please list any medication(s) to be taken by the participant while at the center.  
\_\_\_\_\_  
\_\_\_\_\_

Is there any reason the participant cannot participate fully in any physical activity? If so, why?  
\_\_\_\_\_  
\_\_\_\_\_

Have you been protected by inoculation or vaccination against:

Hepatitis A? When? \_\_\_\_\_  Hepatitis B? When? \_\_\_\_\_  Tetanus? When? \_\_\_\_\_

Any additional health matters vital to youth's participation in the Leadership Development Center camp? \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_