

RICJ PROJECT RESPECT
 (Formerly known as ANYTOWN LEADERSHIP INSTITUTE)

June 26 – July 1, 2010

DELEGATE APPLICATION

"Becoming the Change We Want to See in the World"

(Please print)

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ T-shirt size _____ e-mail _____

AIM: _____ Face book: _____

School _____ sophomore/junior/senior (circle one for upcoming fall)

To help us plan for a diverse group at Project RESPECT, please answer the following:

Male Female what is your racial background(s)? _____

What is your ethnic/national background(s)? _____

What is your religious or faith tradition(s)? _____

Where were you born? _____

Previous Leadership experience _____

What languages do you speak? _____

How did you learn about Project RESPECT?

List volunteer activities _____

Please list three goals you will work towards while at Project RESPECT. (Be specific)

Please list three things about yourself that people would be surprised to know

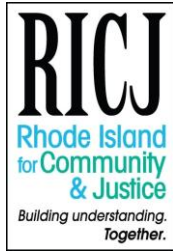
What are your expectations for the 2010 RICJ Project RESPECT Youth Leadership Institute? And what would you like to gain from the experience?

Please attach:

1. One page essay entitled "How Project RESPECT can influence my life".
2. Baby picture or a picture of you as a young child. (It will be returned!)

**MAIL COMPLETED APPLICATIONS TO
RICJ Project RESPECT Youth Leadership Institute
C/O URI Shepard Bldg Room 436, 80 Washington St. Providence, RI 02903-1803**

**CALL Nanda Shewmangal at 401.467.1717 X103 or email leadership@ricj.org
WITH ANY QUESTIONS.
(Fax number is 401.467.2707)**



PROJECT RESPECT 2010 DELEGATE MEDICAL INFORMATION FORM

*Please print clearly. It is crucial that you complete **all** requested information.*

_____ **Age:** _____
Delegate: Name and current age

Delegate Address: Street, city, state and zip code

Parent/Guardian: Name, daytime and night-time telephone numbers

Emergency Contact Person: Please give name and telephone

Family Physician: Name, day-time and night-time numbers

MEDICAL HISTORY Check *all that apply*. Delegates and their parents must complete this section.

A. Diseases

- Chicken pox Vaccination Date _____
- Measles Vaccination Date _____
- Tetanus Booster Vaccination Date _____

B. Allergies

- Hay Fever
- Asthma
- Ivy, Sumac, or Oak
- Other _____

Please explain reactions to allergies:

C. Chronic Illnesses please list any and all _____

D. Surgeries or Serious injuries please include dates _____

CURRENT HEALTH STATUS

E. General Physical Health *Please comment if necessary*

Vision:

Nose/Throat:

Skin (impetigo, athlete’s foot, etc.):

Please describe any conditions or problems that could affect the Delegate participation in Anytown

F. Does the delegate have any dietary restrictions? *Please Describe:*

G. Does the delegate take any prescribed medication?

If yes, please list medication and dosage schedule:

GENERAL EMOTIONAL HEALTH

Project RESPECT is an intellectually and emotionally challenging experience for young people. To assist the staff in providing a productive supportive environment for all delegates, please respond to the following question. All will remain strictly confidential.

Does the Delegate have particular emotional needs or issues about which the Project RESPECT staff should know? If yes and the delegate is receiving professional help with these issues, please list counselor’s name and day-time and night-time phone numbers. These numbers will be used only in case of an emergency.

H. Additional Information *Please offer any necessary information not already included in this form.*

Signature of Examining Physician or Parent/Guardian

Date

Emergency Release

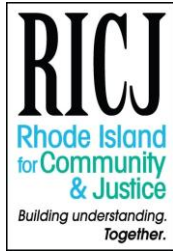
In the event of an accident or illness which requires emergency medical care, I give permission, if I cannot be reached, to the attending licensed physician to order or administered medication, anesthesia or surgical procedure as deemed necessary for the health and safety of my child/the Delegate for whom I am responsible. I have provided my emergency contact telephone number so that I may be notified immediately if an emergency situation arises.

Signature of Parent/Guardian

Date

This form must be returned before Project RESPECT starts

***** Until this form is completed, signed by the physician and/or the parent/guardian and received in our office, the Delegate’s application is incomplete*****



Project RESPECT AGREEMENT

I accept my position to be a delegate to Project RESPECT Youth Leadership Institute. As a delegate, I acknowledge my responsibility to myself, my family, my school and the entire Project RESPECT community to be responsible, thoughtful, and committed participant. I agree to be present at the site of Project RESPECT in June 26 - July 1, 2010, and to attend all the activities that are part of the Project RESPECT experience. I will respect the rights and responsibilities of my position and I will join the spirit of Project RESPECT to the best of my ability.

Delegate signature

Date

PARENT/GUARDIAN AGREEMENT

Photograph, slides and videotapes will be made during Project RESPECT Youth Leadership Institute. Delegates are likely to be included in any of these recordings. These photographs, slides and videotapes are used to record the week's events as well as to enhance Project RESPECT brochures and other RICJ publicity material. We hereby request permission to use photographs, slides and videotapes in which your child appears for these purposes. Thank you for your consideration.

Also youth who participate in the Project RESPECT Youth Leadership Institute will be ask to complete a series of written evaluations during and after the program. All but one of these evaluations is anonymous. However, we may wish to use some of the delegates' reflections on their experience for publicity purposes. This information will only be gathered from signed evaluations. Please sign below to verify that your child has permission to complete the evaluations and that their words may be used in RICJ publicity materials.

* * *

I give my consent to use photograph, slides, or videotapes in which my child/the child for whom I am responsible appear(s) for the purposes of Project RESPECT and RICJ publicity. I also give my consent for my child/the child I am responsible for whom I am responsible to participate in the Project RESPECT evaluation process.

Delegate Signature

Date

Parent/Guardian Signature

Date

*** Please sign and return this form to our office as soon as possible. It is an essential component of the Project RESPECT delegate application and without it, a student may not participate***

Project RESPECT Youth Leadership Institute
June 26 - July 1, 2010
DELEGATE FINANCIAL AID FORM

****** Rhode Island for Community and Justice (RICJ) is committed to making Project RESPECT an experience open to all young people regardless of financial situation. We do not want anyone to be discouraged from applying due to financial need. It cost us at least \$500.00 per delegate for RICJ to run the camp. This covers lodging, meals, transportation to and from camp, staffing costs and all written materials. We expect all delegates to contribute a **minimum of \$100.00** to the \$500 cost of their attending. RICJ is also prepared to assist delegates with scholarships. Please fill out the form below so that we can maintain a record of our scholarship information. Thank you. We look forward to your participation in Project RESPECT!

Delegate Name: _____ **Telephone:** _____

Address: _____ **City:** _____ **State:** _____ **zip code** _____

We suggest that each delegate make an effort to raise money in their community to help them attend Project RESPECT. Some suggestions we have for places to raise funds are religious organizations, community centers, schools, local clubs. You may have other ideas for how to raise money. Please use the questions below to help us gain an understanding of your efforts to contribute to your attending Project RESPECT so that we can make fair and adequate scholarship grants.

What is the total amount you can contribute? A \$ _____

What is the amount that your family can contribute? B \$ _____

Total Contribution (A+B) \$ _____

How much scholarship are you requesting from RICJ? \$ _____

Total \$ _____

Delegate Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Please complete this form, WITH CHECK OR MONEY ORDER MADE OUT TO RICJ,
(Please put Project RESPECT 2010 in memo section)
And return it to RICJ Project RESPECT Youth Leadership Institute 2010
C/O URI Shepard Building, Room 436, 80 Washington St. Providence, RI 02903-1803

For more information, please call
Nanda Shewmangal, RICJ Assistant Director for Programs at 401.467.1717 ext. 103
All requests will be kept confidential.

PARENTAL FORM - Scholarship Request

For RICJ Project RESPECT Youth Leadership Institute to better serve our youth, we need some basic information in order to meet your scholarship request. Please complete and have your child bring this form with him/her on the first day of camp. Thank you!

Parent(s) Name: _____ Material Status: _____

Child/Delegate's Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Delegate's DOB _____ Age _____ School _____

What is your ethnic/national background(s)? _____

Where were you/parent born? _____

1. What was the last grade parent(s) completed in school? _____

2. Please indicate the number of children in your household under the age of 18: _____

Age of Youngest _____ Age of Oldest _____

3. Including yourself, how many people are in your household? _____

4. Please indicate your approximate yearly household income **before taxes**. (Include total income of all adults living in your household.)

____ Under \$25,000 ____ \$25,001 - \$49,999 ____ \$50,000 - \$74,999 ____ Over \$75,000

5. What is your current work status? _____

6. What is the present occupation of parent(s)? _____

7. Do you or a member of your family qualify for:

_____ Family Independence Plan _____ Medicaid

_____ Reduce or free lunch at school _____ SSI

8. Please tell us why this scholarship is important and why RICJ should give your child the requested amount?

Thank you!