



OHIO TEEN INSTITUTE

LEADERSHIP CONFERENCE

June 9 – 14, 2019

Heidelberg University, Tiffin, OH

INTERN STAFF APPLICATION

Take your OTI Experience to another level!!!

To qualify for Intern Staff, applicant must:

- Be a high school graduate
- Be out of high school for at least one year
- Be alcohol and drug free
- Have attended at least one previous Ohio Teen Institute Conference
- Have served in a leadership role in a local peer prevention program (TI/PANDA/SADD/HAPPY, etc)
- Be willing to commit to the entire event including staff training on June 8th and the entire conference on June 9 - 13
- **Submit an Ohio BCI and a FBI background check prior to the conference**
- Not have a felony conviction

Application Deadline: Friday, March 1st, 2019

Send to:

Marion Crawford Prevention Programs
151 Campbell Street
Marion, OH 43302
Phone: (740) 914-6444
Fax: (740) 914-6610

Cost: \$50.00

(to be submitted after acceptance)

- Acceptance letters with further information mailed after April 1st
- **Limited Intern Staff positions available**

Sponsored by Advocates for T.I., a collaborative effort of T.I. supporters interested in providing positive T.I. training opportunities

2019 Ohio Teen Institute

INTERN STAFF APPLICATION

Send with Application:
— Application Page
— Medical Form
— **Recommendation Form**
— Workshop Proposal (optional)

(PLEASE PRINT)

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

COUNTY _____ PHONE _____ GRAD. YEAR _____

E-MAIL _____ AGE _____ GENDER _____

Have you ever attended an Ohio TI Conference before? YES NO

If yes, when? _____

T-shirt Size: S M L XL 2XL 3XL 4XL

What makes you a great choice to be a part of the Intern Staff Team at the Ohio TI Conference?

TI/Drug-Free/Wellness Program Experience:

How have you been involved in Youth Led Prevention/Wellness since graduation?

Statement of Commitment: I understand that as a member of the Ohio TI Intern Staff I agree to attend the entire Ohio TI Conference, participate in **all** scheduled activities including Staff Training and follow all rules deemed necessary for the success of the Ohio TI Conference. I also understand that I will be serving as a role model and must adhere to a high standard of conduct. As OTI is an abstinence based organization, I agree to remain tobacco, alcohol and other drug-free during the Ohio TI Conference. In addition to my assigned role, I will commit to ensuring the safety of our youth by doing the following:

- Being present during large group presentations
- Assisting with evening headcount
- Helping to maintain and encourage positive behavior in line with a leadership conference
- Be willing to help and assist with additional activities as necessary

I have read the above and agree to follow these expectations.

Signature of Intern Staff Applicant

Date

2019 Ohio Teen Institute

MEDICAL & LIABILITY FORM

Intern Staff

(PLEASE PRINT)

NAME: _____

MEDICAL CONSIDERATIONS: (Asthma, Diabetes, Etc.) _____

CURRENT PRESCRIPTIONS & OTC MEDICATIONS: _____

SPECIAL DIETARY NEEDS & FOOD ALLERGIES: _____

IN CASE OF AN EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

Please put initials in the space provided:

In the event that I experience a minor medical condition, such as headache, stomach ache, menstrual cramps, or other complaints that would not require medical attention, I give permission to be given the following:

_____ Aspirin _____ Tylenol _____ Ibuprofen _____ Benadryl
_____ Maalox _____ Other (please specify) _____

In the event of a medical emergency and all attempts to notify the persons above have been made, I hereby authorize the staff to provide emergency medical care. If further medical care is necessary, I give permission to be transported to a medical facility to be given appropriate medical treatment if that would be necessary due to the nature of the injury or illness. I hereby release and hold harmless the organizers, agencies, Boards, schools and agents of the Ohio Teen Institute Program from any and all liability from any losses, claims, expenses, actions, causes of action, cost damages and obligations (financially or otherwise) arising from any and all acts and unforeseen contingencies that result in injury or damage to property while participating in this event. I further understand that Ohio TI will not be held responsible for my negligence including, but not limited to, horseplay, frolicking and/or rule noncompliance/breaking. I hereby release and hold harmless the organizers, agencies, boards and agents from any and all losses, claims, expenses, actions, causes of actions, cost damages and obligations (financially or otherwise) arising from any and all acts and unforeseen contingencies that result in injury to persons or damage to property while participating in this event.

Signature of Intern Staff

Date

2019 Ohio Teen Institute Intern Staff Recommendation

(This form or a letter MUST accompany Application)

(PLEASE PRINT)

*This page is to be filled out by an adult with knowledge of your prevention experience.

_____ (applicant's name), is applying to be on Intern Staff for the Ohio TI Conference this summer. In the space below, please share why you would recommend this person as staff. We are looking for strong, drug-free role models so please state relevant qualities such as leadership skills, knowledge of drug prevention, healthy lifestyles, local prevention experience, group facilitation and stage experience etc. Thank you for your time!

This student has been a member of a Youth Led Prevention/Wellness (type) Youth Staff/Intern Staff?
YES NO

If yes, please explain what their responsibilities included:

Name: _____ Date: _____
Organization: _____ Title: _____
Phone: _____ Email: _____

2019 Ohio Teen Institute Workshop Proposal

This is OPTIONAL!
However, if you submit a workshop proposal, you should be prepared to present this workshop including bringing all supplies & materials!

(PLEASE PRINT)

Name: _____ Co Presenters: _____

Workshop Title: _____

Please provide a brief description of your workshop. This will be what students read when selecting workshops.

Workshop is for: (Circle all that apply) YOUTH INTERNS ADULTS

Preferred audience size: 20-25 25-35 35-45

Is this a single (45 minute) or double (90 minute) session workshop? SINGLE DOUBLE

Are you willing to present this workshop more than once? YES NO

Will you need any audio visual equipment? Yes No

If yes, please note what type of equipment is needed (i.e. projection screen, easel, overhead projector, etc) _____

Will you need internet access for your presentation? Yes No

What type of space would you prefer for your workshop?

Open Space Lecture Style Tables & Chairs Chairs

Other Comments:

An outline or synopsis of your workshop must be attached to this proposal.