



OHIO TEEN INSTITUTE

LEADERSHIP CONFERENCE

June 9 - 14, 2019

Heidelberg University, Tiffin, OH

YOUTH STAFF APPLICATION

Take your OTI Experience to another level!!!

To qualify for Youth Staff, applicant must:

- Be drug-free and committed to promoting no use of tobacco, alcohol and other drugs/healthy lifestyle
- Be a role model and leader with positive, enthusiastic behavior, especially around participants
- Be willing to contribute positively to the success of the Ohio TI Conference
- Have attended at least one previous Ohio TI Conference
- Have served in a leadership role in a local peer prevention program (TI/PANDA/SADD, etc)
- Actively participate and attend the entire event including staff training on June 8th and the entire conference June 9 - 13
- Be willing to demonstrate respect for each staff member and participant

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, 2019

Limited Youth Staff positions available

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

SEND WITH APPLICATION: <input type="checkbox"/> Application Page <input type="checkbox"/> Medical Form <input type="checkbox"/> Recommendation Form <input type="checkbox"/> Workshop Proposal (optional)

2019 Ohio Teen Institute

YOUTH STAFF APPLICATION

(PLEASE PRINT)

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

SCHOOL _____

COUNTY _____ AGE _____ GENDER _____

EMAIL ADDRESS _____

CELL PHONE _____ PARENT/GUARDIAN PHONE _____

Have you attended an Ohio TI Conference before? YES NO If yes, when? _____

T-shirt Size: S M L XL 2XL 3XL 4XL **GRADE GOING INTO:** _____ **GRAD YR:** _____

What do you think makes you a great choice to be part of the Youth Staff at the Ohio TI Conference?

List any TI or other youth-led prevention trainings that you've attended in the past 2 years and in what role you attended (for example, participant or youth staff).

Name of trainings/conference	Date	Participant/Youth Staff

Rank your preference (1,2) in the following roles for the Ohio TI Conference:

_____ Stage Team (work on scripts, do skits on stage, etc.)

_____ Family Group Co-Facilitator

Statement of Commitment: I understand that as a member of the Ohio TI Youth Staff, I agree to attend the entire OTI Conference, participate in **all** scheduled activities including Staff Training, follow all rules and regulations and continue to be involved in prevention activities after Ohio TI. I also state that I will abstain from the use of tobacco, alcohol and other drugs. I understand that I will be serving as a role model and must adhere to a high standard of conduct. I am interested in being a member of the Ohio TI Youth Staff and agree to follow these expectations.

Signature of Youth Staff Applicant

Date

2019 Ohio Teen Institute

MEDICAL & LIABILITY FORM

Youth 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. I have read the above and approve of my son's/daughter's participation.

Signature of Youth Staff

Date

Signature of Parent/Guardian

Date

2019 Ohio Teen Institute Youth Staff Recommendation

(This form OR a letter MUST be turned in/mailed with your 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 Youth Staff for the Ohio TI Conference this summer. In the space below, please share why you would recommend them 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 lifestyle choices, local prevention experience, group facilitation and stage experience etc. Thank you for your time!

This student has been a member of a TI or Youth Led Prevention (type) Youth 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: (if any) _____

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
(two times in one day, once on two different days...)

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: (can continue on back)

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