



Big Brothers Big Sisters of Canada
Les Grands Frères Grandes Sœurs du Canada

YOUTH LEADERSHIP
SUMMIT 2008

Dear Youth Leader,

On behalf of Big Brothers Big Sisters of Canada and Leaders Today, we are pleased to invite you to apply to participate in our **2008 Youth Leadership Summit**.

Big Brothers Big Sisters of Canada and Leaders Today have teamed up to host our first ever Youth Leadership Summit with the shared goal to motivate and inspire young people through leadership, representation and action. By hosting this joint event, we hope to offer young leaders from across the country the opportunity to advance their leadership, communication and inter-personal skills while learning more about the social issues that we care about so deeply within the Big Brothers Big Sisters network.

Youth Leadership Summit, July 3-6, 2008: The summit is an intense week-long program for young people from around the country. 22 youth leaders, 2 from each province and territory will be selected to join us in Toronto, Ontario. Here you'll have the chance to learn tons of new leadership skills, explore social issues with guest speakers and meet other incredible youth who have also been part of the mentoring movement in their communities. There is no fee to attend the summit and accepted participants will benefit from an all-expense paid, innovating and inspiring leadership summit.

This package has everything you need to apply for the Youth Leadership Summit. **The application due date is May 1, 2008.** To apply, please complete this package and mail it to the address below. Detailed information on the Summit will be provided on our website as it becomes available. Please visit **www.bbbsalumni.ca** regularly for updates. Selected applicants will be notified of their acceptance by May 26th, 2008.

Come share your skills and make friendships that will last a lifetime! We look forward to having you join us!

Sincerely,

The Youth Leadership Team

Big Brothers Big Sisters of Canada
3228 South Service Road #113E
Burlington, ON L7N 3H8
alumni@bbbsc.ca, 905-639-0461 ext.25

Who are Leaders today?

Leaders Today is a world renowned youth leadership organization, delivering innovative local and international training experiences to more than 350,000 youth every year. They bring their hands-on programs to schools and communities around the world, providing opportunities for both young people and adults alike to travel and learn through life-changing international volunteer trips. Founded in 1999 by international spokespeople for change, brothers Craig and Marc Kielburger, Leaders Today is now the worldwide leader in empowering youth with leadership education, inspiration and action tools.

QUALIFICATIONS

Answer the following to determine if you are eligible to attend the Youth Leadership Summit.

1. You are between the ages of 16-19. Yes _____ No _____
2. You have been part of the traditional Big Brothers Big Sisters one-to-one mentoring program as a "Little" brother or "Little" sister.
Yes ____ No _____
3. You are available to travel to Toronto, ON for July 3rd - 6th, 2008.
Yes _____ No _____

If you answered YES to all of the above questions, you are ready to complete the remaining application. Thank you and good luck!

Please mail completed application by May 1, 2008 to:

**Youth Leadership Summit Team
c/o Big Brothers Big Sisters of Canada
3228 South Service Road #113 E
Burlington, ON L7N 3H8**

A. CONTACT INFORMATION

APPLICANT:

Name (as it appears on passport):

Preferred Name: _____ Gender: Male ___ Female ___

Address: _____

City: _____ Province/Terr: _____ Postal Code: _____

Home Tel: (_____) _____ Fax: _____

E-mail: _____

** Please write clearly and accurately, as this will be our primary mode of communication **

Birth date (Day/Month/Year): _____

PARENT/ GUARDIAN # 1:

Name: _____ Relation: _____

Home Address (if different from applicant):

City: _____ Province/Terr: _____ Postal Code: _____

Home Tel: (_____) _____ Cell Phone: (_____) _____

Business Tel: (_____) _____ Business Fax: (_____) _____

E-mail: _____

** Please write clearly and accurately, as this will be our primary mode of communication **

PARENT/ GUARDIAN #2:

Name: _____ Relation: _____

Home Address (if different from applicant):

City: _____ Province/Terr: _____ Postal Code: _____

Home Tel: (_____) _____ Cell Phone: (_____) _____

Business Tel: (_____) _____ Business Fax: (_____) _____

E-mail: _____

B. QUESTIONNAIRE/ ENTRY

1. Choose one of the following titles for the theme of your entry. You can submit your entry in any form you like. (i.e. video, essay, poem, song, etc.) Be as creative as you want!

- (A) My experience as a "Little" has changed me
- (B) How I felt while I was a "Little"
- (C) While I waited for my "Big"...
- (D) What advice I have for future "Bigs" and "Littles"....
- (E) If I could change anything about my experience I would...
- (F) *Optional theme pertaining to your experience as a "Little"*

*Note: All entries will become the property of BBBSC and will not be returned. If submitting a video, entry must be by DVD format and be no more than 5 minutes in length. Written essays should not exceed 500 words.

2. Tell us in one page or less (A) why you want to come to the Youth Leadership Summit and (B) what you hope to get out of the Youth Leadership Summit. (attach the page to the end of this application)

3. Please respond to the following:

a. Are you still currently involved with Big Brothers Big Sisters? Yes _____ No _____

b. Do you consider yourself flexible and adaptable? Yes _____ No _____

c. How did you hear about the Youth Leadership Summit?

d. Which topics are you passionate about, or interested in learning more about (circle **all** that apply)?

- | | | |
|--------------------------|-----------------------|--------------|
| Acting | Art | AIDS/HIV |
| Big Brothers Big Sisters | Children's Rights | Dance |
| Debates | Disabilities | Drama |
| Environment | Exploitation of Youth | Film |
| Food | Gardening | Homelessness |
| Mentoring | Social responsibility | Volunteerism |
| Other: _____ | | |

C. AGENCY PORTION (to be completed by BBBS agency staff)

Please have a representative from your Big Brothers Big Sisters agency to complete this section of the application.

1. How long was the applicant involved with Big Brothers Big Sisters? _____

2. How many matches did the applicant have? _____

3. How long have you known the applicant? _____

4. Is the applicant still officially matched with their Big? _____

5. Which Big Brothers Big Sisters agency (ies) was this applicant matched with?

6. How would the applicant benefit from attending the Youth Leadership Summit?

7. Do you recommend the applicant attend the Youth Leadership Summit?
(explain why)

Agency representative name: _____

Agency name: _____

Telephone number: _____ Email: _____

E. RULES AND COMMITMENTS

1. OUTLINE OF RULES AND COMMITMENTS:

*If any participant refuses to adhere to the **Group A** they will be sent home at their parent(s)/guardian(s) expense and will not be permitted to attend/participate in any other Leaders Today program.*

Group A

1. Leaders Today is committed to providing drug, alcohol and tobacco free programs. As such, no participant, junior/assistant facilitator, staff member or staff facilitator may use illegal drugs (or narcotics considered illegal in Canada-including marijuana), consume alcohol or smoke/chew tobacco during any Youth Leadership Summit or program period.
2. Leaders Today forbids sexual activity during training events, trips or conferences, etc. As such, no participant, junior/assistant facilitator, staff member or staff facilitator may engage in sexual activity (mouth-to-mouth kissing, touching, intercourse) with any other participant or junior/assistant facilitator regardless of gender, age or consent, during a training period. Males and females will be housed separately.
3. Leaders Today promotes and tolerates only respectful and positive relationships. As such, all participants, junior/assistant facilitators, staff members and staff facilitators must respect one another. Participants, junior/assistant facilitators, staff members or staff facilitators may not discriminate on the basis of gender, race, religion, color, ethnicity, age, appearance, etc.
4. Absolutely no harassment, be it physical, sexual or other will be tolerated. Under no circumstances will physical violence be tolerated. No participant, junior/assistant facilitator, staff member or staff facilitator may at any time carry or possess a weapon. Participants, junior/facilitators, staff members and staff facilitators are expected to use appropriate language, avoid swearing and be kind in their interactions with others.

Group B rules:

*If any participant refuses to adhere to **Group B** they will be reprimanded at the discretion of the lead facilitator(s) and their parents may be notified of the incident.*

- Participants must abide by the judgment of supervising personnel.
- Participants are to abide by all rules issued by Leaders Today facilitators at all times.
- Participants must not leave main conference building except during designated times, and never without the direct permission of a main facilitator.
- Participants are expected to clean up after themselves and keep their living and eating areas tidy.
- Males and females are to remain in separate rooms at night, unless in unforeseen circumstances or when an alternative arrangement is accepted by a Leaders Today facilitator.
- Sleep! Show yourself, your facilitator and group respect by sleeping at night so that you alert and ready to participate during the day.

I agree to adhere to these rules and commitments, and to contribute to a safe and positive environment for all Youth Leadership Summit participants.

Date Participant Signature

Statement of Limits of Confidentiality

Information shared by participants with individuals or groups during this Leaders Today Event will remain confidential. The goal is to create a safe and comfortable environment for all participants. However, there are exceptions to this confidentiality rule. The exception is when information shared by a participant reveals that one or more individuals are at risk. Confidentiality would have to be suspended at that time. In the case of a report of physical violence and/or sexual abuse of a participant under the age of 16, our legal obligation, according to Ontario law, is to inform the appropriate authorities. Any such disclosure on the part of a participant will be communicated to Ontario authorities and they will communicate with the authorities in the home province, state or country. We are informing you of this requirement to ensure that you have full information of our legal obligations and policies. For further clarification on any of these points, please contact the Chief Operations Director of Leaders Today.

Date Participant Signature

F. MEDICAL HISTORY FORM *(please have signed by your physician)*

Leaders Today requires that all participants of their workshops complete a detailed medical history form. The purpose of this form is to better facilitate the needs of the participants and is not used as part of the acceptance process. **All information will be kept strictly confidential by Leaders Today/Big Brothers Big Sisters.** Please fill out the medical information below **clearly and completely.**

Participant Name _____

Birth Date _____ Age _____ Gender: Male Female

Phone Number _____ E-mail _____

Address _____

Past/Current Illnesses

Please check all applicable boxes and provide the date of the condition. If extra space is needed, please attach additional information to the back of the form:

<input type="checkbox"/> Heart defect/disease _____ <input type="checkbox"/> Therapy/counselling _____ <input type="checkbox"/> Asthma _____ <input type="checkbox"/> ADD/ADHD _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Mumps _____ <input type="checkbox"/> Bedwetting _____ <input type="checkbox"/> Sleepwalking _____ <input type="checkbox"/> Back problems _____ <input type="checkbox"/> Mononucleosis _____ <input type="checkbox"/> Wears glasses/contacts _____ <input type="checkbox"/> Head injury _____ <input type="checkbox"/> Eating disorder _____ <input type="checkbox"/> Use an orthodontic appliance _____ <input type="checkbox"/> Surgeries or recent illnesses _____ <input type="checkbox"/> Recent head lice _____	<input type="checkbox"/> Convulsions/seizures _____ <input type="checkbox"/> Chicken pox _____ <input type="checkbox"/> Psychiatric treatment _____ <input type="checkbox"/> Ear infections _____ <input type="checkbox"/> Hypertension/high blood pressure _____ <input type="checkbox"/> Measles _____ <input type="checkbox"/> Bleeding/clotting disorder _____ <input type="checkbox"/> Skin conditions _____ <input type="checkbox"/> Joint problems _____ <input type="checkbox"/> Diarrhoea/constipation _____ <input type="checkbox"/> Frequent headaches _____ <input type="checkbox"/> Unconsciousness/passed out _____ <input type="checkbox"/> Chest pain during or after exercise _____ <input type="checkbox"/> Hepatitis _____ <input type="checkbox"/> Chronic or recurring illnesses _____ <input type="checkbox"/> Other (please explain) _____
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Allergies

Do you have any life threatening allergies? Yes No

If yes, please explain allergy and history of reactions:

Do you have any non-life threatening allergies? Yes No

If yes, please explain allergy and history of reactions:

Have you ever been stung by a bee Yes No

Do you have any dietary restrictions? Yes No

If yes, please explain in detail:

Vaccinations

Please provide the date of you most recent vaccinations for the following:

Whooping Cough _____ <input type="checkbox"/> Mumps _____ <input type="checkbox"/> Rubella _____ <input type="checkbox"/> Hepatitis A, B, C _____ <input type="checkbox"/> Malaria _____ <input type="checkbox"/> Typhoid _____ <input type="checkbox"/> Yellow Fever _____ <input type="checkbox"/> Polio _____	<input type="checkbox"/> Tetanus _____ <input type="checkbox"/> Measles _____ <input type="checkbox"/> Haemophilias Influenza _____ <input type="checkbox"/> Chicken Pox _____ <input type="checkbox"/> Diphtheria _____ <input type="checkbox"/> Meningitis _____ <input type="checkbox"/> Other _____ _____
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Physical and Emotional Ability

Given the group nature of Leaders Today programs, please explain how well equipped you are to be in a group environment for an extended period of time.

Please provide any examples that would illustrate your ability to work well in a group for extended periods of time.

Have you ever been involved in psychological therapy of any kind? Yes No
If yes, please elaborate:

Are you currently involved in psychological therapy of any kind? Yes No
If yes, please elaborate:

Do you occasionally use any of the following substances: cigarettes, alcohol or narcotics

Yes No

If yes please elaborate:

Do you have a history of addiction and/or substance abuse? (including: cigarettes, alcohol, or narcotics) Yes No

If yes please elaborate:

Medications

Please list all medications (over the counter and prescription) that you are currently taking **and/or** will be taking at the Youth Leadership Summit. All medication brought to the Youth Leadership Summit must be in their original container and must be labelled with your name on it. Medications taken to the camp that are not listed will not be administered. Attach additional pages as needed.

- This person takes **no** medication on a routine basis and **no** medications will be sent with this person.
- This person takes medications as follows:

Medication _____
 Used for _____
 Amount/dosage _____
 When taken _____

Medication _____
 Used for _____
 Amount/dosage _____
 When taken _____

Medication _____
 Used for _____
 Amount/dosage _____
 When taken _____

Are there any special circumstances we should know about regarding your medical care (i.e. cultural or religious considerations): -

Treatment

The Youth Leadership Summit facilitators have standard first aid training. An extensive first aid kit is available at all times and it contains standard over the counter remedies for common ailments. The following is a list of medications that we

Yes No	Yes No
<input type="checkbox"/> <input type="checkbox"/> Sunburn relief spray	<input type="checkbox"/> <input type="checkbox"/> Ibuprofen
<input type="checkbox"/> <input type="checkbox"/> Antiseptic (Neosporin)	<input type="checkbox"/> <input type="checkbox"/> Tylenol
<input type="checkbox"/> <input type="checkbox"/> Ear drops	<input type="checkbox"/> <input type="checkbox"/> Cough drops
<input type="checkbox"/> <input type="checkbox"/> Robitussin	<input type="checkbox"/> <input type="checkbox"/> Decongestant
<input type="checkbox"/> <input type="checkbox"/> Sore throat spray	<input type="checkbox"/> <input type="checkbox"/> Antihistamine (Benadryl)
<input type="checkbox"/> <input type="checkbox"/> Milk of Magnesia	<input type="checkbox"/> <input type="checkbox"/> Burn gel
<input type="checkbox"/> <input type="checkbox"/> Anti-diarrhoeal	<input type="checkbox"/> <input type="checkbox"/> Antacids (Tums)
<input type="checkbox"/> <input type="checkbox"/> Calamine lotion	<input type="checkbox"/> <input type="checkbox"/> Sting ease (for insect bites)

have available at the camp. Please indicate which medications the participant may or may not be given should the need arise.

G. Legal Waiver

I, the undersigned acknowledge that I have read and understand the above information and that all of the information above has been filled out correctly and all information regarding the participant's health has been disclosed. Failure to do so will result in the participant being sent home immediately at their own expense. The signatory also commits to updating Leaders Today/Big Brothers Big Sisters if any of the medical information changes prior to the Youth Leadership Summit.

Signature of Participant _____

Date _____

Signature of Parent or Guardian _____

Date _____

Signature of Physician _____

Date _____