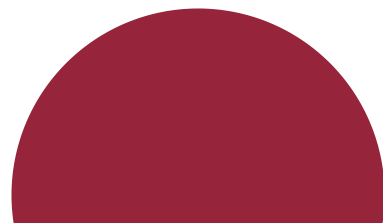




2022 SDYLC APPLICATION

www.sdylc.org

Joseph H. Pendleton YLC, INC.





SAN DIEGO YOUTH LEADERSHIP CONFERENCE

Educating the Leaders of Tomorrow

From: Board of Directors
To: Prospective Conference Attendees
Subject: SAN DIEGO YOUTH LEADERSHIP CONFERENCE - 2022 SESSIONS

The San Diego Youth Leadership Conference (SDYLC) is a patriotic education program founded by the Military Order of The World Wars and supported by the National Sojourners, Inc., Hugh O'Brien Youth Leadership, and Joe Foss Institute organizations. The Joseph H. Pendleton YLC, Inc., 501 c (3), is the organization that plans and operates the SDYLC. The purpose of the Youth Leadership Conference is to help prepare selected students for leadership roles in their respective schools. Additionally, the students will receive education on material that is not normally addressed in today's school system. Our program will improve the student's knowledge of leadership, American heritage and history, and the free enterprise system. The educational environment will also promote the students to gain lifelong friendships.

The 2022 SDYLC will be conducting a one-day Youth Leadership Seminars (YLS) on June 18, 2022. The one-day session will be held at the Veterans Association of North County (VANC).

(The conference is not sponsored by the Veterans Association of North County and the views expressed at the conference are not supported or endorsed by VANC.)

Requirements to Apply:

- You must be a volunteer and want to attend.
- Incoming sophomore, junior, or senior in high school, who is under the age of eighteen.
- Aspire to a leadership position of some type at your school and in your community.
- Exhibit strong moral character and sound judgment.

Tuition: \$50 for a 1 day (8 hour) conference at the Veterans Association of North County.

Note: Some student scholarships are available through local sponsoring organizations. Please indicate on this application if you are requesting to be considered for a scholarship. You may contact us at applications@sdylc.org for more information.

There are 60 openings for the June 18th session. All application forms must be accurately and completely submitted with payment by **June 6, 2022**. Students are expected to attend if selected and no refunds after June 6th, 2022.

Please feel free to contact us at applications@sdylc.org and we would be happy to answer any questions you might have. Make checks payable to **Joseph H. Pendleton YLC INC.** Mail your completed application and payment to:

**Joseph H. Pendleton YLC, INC.
P.O Box 171
San Marcos, CA 92079**

Thank you for your time, and we hope to see your application soon.

Charles Dare
SDYLC Director & President of the Board of Directors

2022 Student Application Packet Contents

All application sections must be completed and submitted in full for your application to be considered. Incomplete or partial applications will be rejected.

APPLICATION CONTENTS:

- I. Student Application
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 - B - Parent/Guardian Information
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 - D - Selection Short Essay
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 - A - Authorization For Treatment
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I. Student Application

The information contained in this application and its medical reports will be handled with extreme care and will only be used by the event director, medical officer or designated event staff cited above or authorized medical personnel. After the event, applications will be retained for 2 years and then destroyed.

Please print legibly in all fields of this application. A digital fillable PDF is also available on our website at www.sdylc.org.

PART A. Student Applicant Information

Applicant Full Name: _____
(FIRST) (MIDDLE) (LAST)

Date of Birth: ____/____/____ Gender: Male / Female Grade: 10 / 11 / 12 Graduation Year: _____
(Date - Month/Day/Year) (Circle One) (As of Fall 2020 - Circle One)

Home Address: _____
(STREET) (CITY) (STATE) (ZIP)

Cell Phone (____) ____-____ Email: _____

Are you applying for a Scholarship? Yes / No

PART B. Parent Guardian Information

Parent/Guardian Full Name: _____
(FIRST) (MIDDLE) (LAST)

Home Phone (____) ____-____ Cell Phone (____) ____-____ Email: _____

PART C. School Information

School Name: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Currently involved in (circle all that apply): ASB JROTC Scouting Boys/Girls Club Church Band Other _____

List Applicants Current and Future Leadership positions for the 2022-2023 school year: _____

I certify that I meet all of the requirements to apply, and that this application is complete and correct to the best of my knowledge.

Signature of Applicant: _____ Date: ____/____/____
(Month/Day/Year)

II. Authorization & Release Form

I (we), the undersigned being the natural parents and/or the designated legal guardian(s) or custodian(s) of

_____, a minor aged _____ years, date of birth: ____/____/____
(APPLICANT NAME - FIRST & LAST) (Month / Day / Year)

hereby authorize, consent and contract as follows:

Permission is expressly granted for said minor child to attend the San Diego Youth Leadership Conference (SDYLC) organized by the Joseph H Pendleton Youth Leadership Conference, Inc. to be held at Veterans Association of North County (VANC), Oceanside, California, during the period of June 18, 2022, including the necessary travel time, under the joint sponsorship of the Joseph H Pendleton Youth Leadership Conference, Inc., The Military Order of the World Wars (MOWW) and/or its affiliates, hereinafter referred to as organizers. It is understood that said child was invited to attend the conference after being selected by the MOWW from among other applicants.

I (we) hereby release and contract to hold harmless, the Joseph H Pendleton Youth Leadership Conference, Inc., the MOWW, and any other cosponsors of the SDYLC, from any and all liability and/or responsibility for the child's welfare, well-being, and control for the entire period of the Conference, including the day of arrival, and the day of departure from the Conference site.

This is a voluntary release of liability and a complete assumption of risk. I hereby release organizers and sponsors of the San Diego Youth Leadership Conference, its officers, agents, and employees from any and all claims and losses accruing or resulting to any other person, firm, or corporation furnishing or supplying work, service, materials, or supplies in connection with the performance of the SDYLC Contract, and from any and all claims and losses accruing or resulting to any person, firm or corporation which may be injured or damaged by my presence on VANC Campus, or my involvement in social events and actions whatsoever resulting from my presence on VANC Campus, or my involvement in social events, tours, and training aboard the VANC Campus in the performance of this SDYLC Contract.

This release applies to the child, the parents/guardians, other children, executors, future heirs, assigns, creditors and administrators. This release of liability includes, but is not limited to claims based on negligence, both passive and active, of the San Diego Youth Leadership Conference arising out of or relating to any loss, damage, illness, death, or injury that may be sustained while on VANC Campus. This release also applies to all dangers inherently involved in the event in which I desire to participate.

I (we) further state that I (we), _____, have carefully read the foregoing release, know
(PARENT/GUARDIAN NAME - FIRST & LAST)
the contents thereof, and sign this release as my own free act, on behalf of myself and/or my child or children for whom I am authorized to act as legal guardian. If the applicant does not arrive at the proper time and place for the conference, it is understood that the information regarding tuition will be enforced.

Date: ____/____/____

(Student Signature)

(Parent/Guardian Signature)

(Parent/Guardian Signature)

III. Photo-Audio-Video Consent For Release Form

Documentary photography and audio/video recordings will be taken of the students and staff in the casual, classroom, dining, and other SDYLC activities.

Any or all of these photos and audio/video recordings may be published and used by MOWW/SDYLC or on an MOWW/SDYLC website, in the MOWW magazine, in YLC/MOWW/SDYLC promotional materials, or on MOWW/SDYLC Social Media websites. The photographer retains copyright of all such photos through the unconditional release is granted to MOWW.

I (we), the undersigned student or parents(s) {or guardian(s) of the above-named minor, do hereby agree with the use and ownership of the materials as stated above for The Military Order of the World Wars (MOWW), and Joseph H. Pendleton YLC, Inc.

Date: ____ / ____ / ____

(Student Signature)

(Parent/Guardian Signature)

(Parent/Guardian Signature)

IV. Student/Parent Terms & Agreement

Please read the below sections and agree to and sign. Make sure you understand this document completely because this becomes a written contract between you, as the student, and the San Diego Youth Leadership Conference. Failure to comply with the rules below will result in your being sent home immediately and terminated from the SDYLC with no refund.

PART A. Conference Rules:

- No knives, firearms, explosives, etc.
- No alcohol, tobacco, or illegal drugs.
- No questionable material such as pornography.
- No "Horseplay" or fighting.
- No Foul Language.
- You will follow all directions from staff.
- You will keep your workspaces and common areas clean, and leave them cleaner than you found them.
- You will treat all VANC property with the utmost respect.
- You will respect all students, staff, presenters, and others involved directly or indirectly with the Youth Leadership Conference.
- You will be appropriate, respectful, and tactful.

Applicant Initials: ____

Parent/Guardian Initials: ____

IV. Student/Parent Terms & Agreement (Cont.)

PART B. Dress Code:

- No midriffs, tank tops, or short-shorts may be worn.
- No low-cut tops or jeans.
- No clothing, accessories, belts, or jewelry displaying alcohol, tobacco or other drugs or look-alikes, sex, illegal substances or messages promoting violence, unsafe or illegal activity.
- Clothing must be size appropriate.
- Pants or Jeans must be worn at the waist. No "sagging" allowed.
- No hats/covers worn indoors, except for religious purposes.
- No see-through clothing.
- No chains or spiked clothing.
- No flip-flops, sandals, or open toe shoes are allowed.
- Males - You will tuck in your shirt, and wear a belt.

Applicant Initials: _____ Parent/Guardian Initials: _____

PART C. Conference Acknowledgement:

- You understand that you will arrive on time, participate fully in all activities, and will not leave the program until its' completion.
- If sponsored, you understand that you are receiving a one-day educational experience provided by donations.
- If you are selected, you understand that you are fulfilling a limited slot that cannot be transferred to another student after the selection process. Therefore, you understand that the monies donated have already been spent and another student has lost the opportunity to attend if you fail to keep your commitment.

Applicant Initials: _____ Parent/Guardian Initials: _____

PART D. Non-Discriminatory & Sexual Harassment Policy:

The goal of the Joseph H Pendleton YLC, INC, DBA "The San Diego Youth Leadership Conference" (SDYLC) is to provide an atmosphere that is conducive for all students to learn free from discrimination. The SDYLC is strongly opposed to any acts of discrimination or harassment based on actual or perceived sex, gender, sexual orientation, gender identity or expression, race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability or genetic information, and political beliefs, and will confront and appropriately respond to such acts. Physical abuse, threats of violence, harassment, or any conduct that threatens the health and safety of any person is strictly prohibited. All-Conference Participants are expected to conduct themselves in a manner consistent with applicable Joseph H Pendleton Youth Leadership Conference, Inc. policy, Veterans Association of North County policy, and local, state, and federal laws.

Some conference activities require conference participants to work together in outdoor or physical activities that may involve contact with other participants. These activities will be monitored at all times by conference chaperones and leaders. Any participant who feels that an activity or contact has crossed a line may approach any chaperone or leader at any time and notify them of their concerns. Chaperones and leaders will immediately inform the Conference Director to investigate the claims. Any conference participant, parent of a participant, conference visitor, or individual associated with a conference participant or visitor in violation of these policies will be removed from the conference immediately, and the appropriate authorities notified.

California & Federal Laws

State and federal law prohibits discrimination of students based on their actual or perceived sex, gender, sexual orientation, gender identity or expression, race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability or genetic information (Education Code 220; 42 USC 2000d-2000e-17, 2000h-2000h-6).

Applicant Initials: _____ Parent/Guardian Initials: _____

IV. Student/Parent Terms & Agreement

PART E. SELECTION SHORT ESSAY:

Please state why you would like to be selected to attend the San Diego Youth Leadership Conference.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PART E. ACKNOWLEDGEMENT:

By signing below, you agree that you have read and understand the conference rules, dress code, and conference acknowledgement. Furthermore, you understand that a violation of these rules or a gross violation of the dress code will result in termination from the San Diego Youth Leadership Conference.

(Signature of Applicant)

(Date - Month/Day/Year)

By signing below, you agree that you have read, understand, and approve the rules, guidelines, and conference acknowledgement of the San Diego Youth Leadership Conference, which your child is applying to attend.

(Signature of Parent/Guardian)

(Date - Month/Day/Year)

V. Health & Medical Form

PART A. Authorization Consenting to the Treatment of a Minor

I (we) the undersigned parent/legal guardian of the named student minor below do hereby authorize the Joseph H. Pendleton YLC, Inc. and the Military Order of the World Wars, Inc.®, the Youth Leadership Conference's Director or their designated staff member(s) as agent(s) for the undersigned to consent to any X-Ray, examination, anesthesia, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by any physician licensed to practice in San Diego County, CA. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to provide care, which the aforementioned physician, in the exercise of his/her best judgment deemed advisable. This authorization will be in effect for the duration of the cited event.

Except for a case of substantiated gross negligence or worse, the undersigned hereby releases and contracts to hold harmless the Joseph H. Pendleton YLC, Inc., its Director, Board Members, Staff, volunteers, and authorized representatives, and MOWW, Inc., from any and all liability and/or responsibility for the child's welfare, well-being and control for the period of the conference including the day of departure and return if a sponsor provides transportation.

Applicant Name: _____ Parent/Guardian Relationship to Applicant: _____

PART B. Physician and Health Insurance

Family Physician: _____
(Name - First & Last)

Address: _____
(Street) (City) (State) (Zip)

Email: _____ Cell Phone: (____) ____-____ Office Phone: (____) ____-____

Health Insurance Company: _____ Policy#: _____

Address: _____
(Street) (City) (State) (Zip)

Email: _____ Cell Phone: (____) ____-____ Office Phone: (____) ____-____

PART C. Emergency/Alternate Contact

First Emergency Contact: _____
(Name - First & Last) Relation to Applicant: _____

Address: _____
(Street) (City) (State) (Zip)

Email: _____ Cell Phone: (____) ____-____ Home Phone: (____) ____-____

Second Emergency Contact: _____
(Name - First & Last) Relation to Applicant: _____

Address: _____
(Street) (City) (State) (Zip)

Email: _____ Cell Phone: (____) ____-____ Home Phone: (____) ____-____

VI. Medical History

PART A. Known Conditions

Does the applicant have any of the following conditions? (Indicate "Yes" or "No" on each underscore)

Asthma: _____;

Convulsions: _____;

Heart Trouble: _____;

Diabetes: _____;

Bleeding Disorders: _____;

Other: _____;

If "Yes" to any condition listed above, please explain: _____

PART B. Allergies

Does the applicant have any of the following allergies? (Indicate "Yes" or "No" on each underscore)

Allergy to any plant, food, or animal: _____;

Allergy to any drug or insect toxin: _____;

Allergies to bug spray or sunscreen/sunblock/sunburn lotion: _____;

Regular medication or diet or special care: _____;

If "Yes" to any condition listed above, please explain: _____

PART C. Dietary Restrictions

Does the application have any known dietary restrictions: (Circle all that apply)

Gluten-Free

Vegetarian

Vegan

Dairy Free

Nut Free

Shellfish Free

Other: _____

Can you self select meals at a buffet if labeled? Yes / No (Circle One)

Does your dietary restriction require special handling to prevent cross-contamination? Yes / No (Circle One)

PART D. Physical Condition

Date of Applicants last complete physical examination: ____/____/____
(Date - Month/Day/Year)

Has the Applicant had significant surgery, injury illness or change in health since their last physical? Yes / No (Circle One)

If "Yes" to any condition listed above, please explain: _____

VI. Medical History (Cont.)

PART D. Physical Condition (Continued)

Has it ever been necessary to restrict the applicants physical activities for medical reasons? Yes / No (Circle One)

If "Yes", please explain: _____

Are you aware of any other current health problems? Yes / No (Circle One)

If "Yes", please explain: _____

Is student now under medical care or regularly taking medications? Yes / No (Circle One)

If "Yes", please explain: _____

Date of Immunizations:

Tetanus: ____/____/____; <small>(Date - Month/Day/Year)</small>	Diphtheria: ____/____/____; <small>(Date - Month/Day/Year)</small>	Polio: ____/____/____; <small>(Date - Month/Day/Year)</small>	Mumps: ____/____/____; <small>(Date - Month/Day/Year)</small>
Measles: ____/____/____; <small>(Date - Month/Day/Year)</small>	Pertussis: ____/____/____; <small>(Date - Month/Day/Year)</small>	Rubella: ____/____/____; <small>(Date - Month/Day/Year)</small>	Other: ____/____/____; <small>(Date - Month/Day/Year)</small>

If "Other", please explain: _____

PART E. Acknowledgement

By signing below, you certify the Medical History information provided is true and correct to the best of your knowledge:

Date: ____/____/____
(Date - Month/Day/Year)

(Parent/Guardian Signature)

(Parent/Guardian Name - Print Clearly)

(Parent/Guardian Signature)

(Parent/Guardian Name - Print Clearly)