

Your Voice. Our Future

Asian Pacific Youth Leadership Retreat 2013

SOCIAL MEDIA AND CIVIC ENGAGEMENT

#APYLR2013

APPLICATION

Application deadline for participants: June 7, 2013

#APYLR2013 is a collaborative effort of: Minnesota State Colleges and Universities, Arts and Cultural Heritage Fund, Vermillion Community College and the Council on Asian Pacific Minnesotans.

COUNCIL ON
ASIAN PACIFIC
MINNESOTANS
A STATE AGENCY SINCE 1985

Vermillion
The Boundary Waters College


**CLEAN
WATER
LAND &
LEGACY**
AMENDMENT



Minnesota
STATE COLLEGES
& UNIVERSITIES

The mission of the APYC is to be the voice of their generation.

What is the Asian Pacific Youth Leadership Retreat?



What Youth Leadership- APYC provides training to potential youth leaders through a balance of programs and hands on opportunities. We believe in leadership through action. This retreat is designed for you to learn and explore who you are as a leader. What motivates you to lead; what leadership styles best suits you and the community in which you lead; and Why do you lead?

Who Youth ages 14 to 18 years old

When Friday, June 28, 2013 to Tuesday, July, 2 2013
Drop-off at the Capitol Lower Mall on Friday, June 28 at 8:00am
Pick-up at the Capitol Lower Mall on Tuesday, July, 2 at 9:00pm

Where Vermillion Community College
1900 East Camp Street
Ely, MN 55731
(218)365-7200
**A charter bus will transport us to and from the camp.

Sign up now
(application checklist)

- Complete application form **(signed)**
- Participant questionnaire
- Reference form
- Health Records

Application sent to: Council on Asian Pacific Minnesotans
Attention: Sandy Kwan
658 Cedar Street, Suite 160
St. Paul, MN 55155

For more information: Contact Sandy Kwan at sandy.kwan@state.mn.us
or call 651-757-1743

The Asian Pacific Youth Leadership Council (APYC) is a leadership initiative of the Council on Asian-Pacific Minnesotans, a state agency created by the legislature to advise them and the governor on issues of importance to Asian Pacific Minnesotans. The initiative addresses the lack of Asian Pacific youth voice in civic engagement by leveraging cultural and historical experiences. At the same time, the youth council addresses the fact that the Asian Pacific community is on average 10 years younger than the general population and investment in this group is instrumental to Minnesota's future.

The mission of the APYC is to be the voice of their generation.

Participant Application Form

Participant information:

Participant's Name:	Age:	Male/Female:
Address:		
City:	State:	Zip:
Phone:	Email:	
School:	Grade	
Ethnicity:	Food restrictions: () Vegetarian () Kosher	

Parent Consent Information:

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:		
Emergency Contact Name: (different from parent/guardian)	Phone number:	

Parent Consent: As a parent/guardian by signing this contract I agree and understand the following:

I agree to allow my child to participate in the Council on Asian-Pacific Minnesotans' Asian Pacific Youth Leadership Retreat from June 28 to July 2, 2013. I understand that travel by vehicle to and from the retreat will be necessary. I will make transportation arrangements to and from the retreat location. If I cannot provide transportation, I give permission to the Council on Asian-Pacific Minnesotans and or its designees to transport my child to and from the retreat location and will not hold them liable for any injuries or accident that incurs. I also authorize appointed staff members to administer first aid and authorize necessary medical treatment in my absence.

I understand that should the Council on Asian Pacific Minnesotans and its designees suspect that a participant has brought weapons, illegal substances/materials, tobacco products, alcohol and/or that participant is engaging in criminal and or sexual activity, the Council can and will conduct a search of the person and his or her belongings, person, and room. Furthermore, I understand that if my son/daughter's actions require that he/she be expelled from the retreat for these actions that it is my responsibility to pick him/her up at the retreat immediately after the incident is reported to me regardless of the time of day or the distance that I must travel.

I understand that the media might have an interest in the retreat. They may look for program participants to interview. By signing this form, I give the Council on Asian-Pacific Minnesotans permission to release any and all photographs that the organization may have of my child to the media. Additionally, I give the Council on Asian-Pacific Minnesotans permission to pass on my child's name and phone number to the media.

Parent/Guardian Signature

Date

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Participant Questionnaire- part 1

Please answer the following questions. You may use additional pages if needed. We are asking these questions to help us plan and prepare for the retreat. Direct and honest answers are greatly appreciated.

1. Tell us about yourself. (150 words- please use additional paper if needed)

2. Why do you want to lead?

3. If you could lead any group or club, what would it be? Why?

4. How did you hear about us and why did you decide to sign up?

Participant Signature

Date

Reference Form

(To be filled out by a non-relative adult)

The Asian Pacific Youth Leadership Retreat will focus on leadership development, higher education, and civic engagement.

Reference Information

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Applicant Information

First Name:	Last Name
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1. Brief description of how long and in what capacity do you know the applicant and duration of your relationship. (Additional pages may be used if needed).

2. What are the leadership qualities of this applicant that you've seen demonstrated in the time that you've known him or her?

3. Is this applicant a role model for other youth and why?

Reference Signature

Date

Health Records

BILLING INFORMATION FOR HEALTH CARE

You are financially responsible for health care given by an out-of-camp provider and for transportation home if the need arises. To whom should this provider route charges for your health care if you are sick or injured and need outside care? Please include a copy of your insurance card if appropriate. Please copy both sides of the card so addresses and telephone numbers are readable.

- I am not covered under any insurance policy.
- I am covered under the following health insurance.

Insurance Company _____ Policy/Member # _____
Insurance Company Telephone _____
Insurance Co. Address _____ City _____ State _____ Zip _____

Health History

1. Please check the box if the participant has had any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Poor sleeping habits | <input type="checkbox"/> Behavior/Emotional Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Frequent colds/sore throats |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Glasses/contacts |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Hearing aids/prosthesis/adaptive device |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> History of drug/alcohol use |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Menstrual problems |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Other problems _____ |
| <input type="checkbox"/> Frequent earaches | _____ |
| <input type="checkbox"/> Asthma | |

If any marked, please explain. _____

2. Is the participant taking medication that must continue at the Asian Pacific Youth Leadership Retreat?

Please circle one: Yes No

If yes, please ensure that the participant brings at least a one-week supply of all necessary medications. Should appropriate staff administer the medication? Y N

If yes, please explain and or give directions on how to administer. _____

3. If the participant is taking medication please provide:

Name of the doctor prescribing the medication _____
Name of the Pharmacy _____ Phone # _____
Prescription # _____

4. Does the participant have any important allergies (such as penicillin, sulfa, other drugs, bee stings, insect bites, poison ivy, foods, etc.)?

5. Has the participant recently been exposed to a contagious disease? Y N

If yes, please explain. _____

6. Has the participant been immunized against:

- | | |
|-------------------------------------|------------|
| <input type="checkbox"/> measles | date _____ |
| <input type="checkbox"/> rubella | date _____ |
| <input type="checkbox"/> diphtheria | date _____ |
| <input type="checkbox"/> tetanus | date _____ |
| <input type="checkbox"/> pertussis | date _____ |
| <input type="checkbox"/> polio | date _____ |
| <input type="checkbox"/> mumps | date _____ |
| <input type="checkbox"/> hepatitis | date _____ |

7. Is there anything else that you feel would be helpful for the Council on Asian-Pacific Minnesotans staff to know?
