



Rotary Clubs of  
Hawai'i Island



**2019 Hawai'i Island Rotary Youth Leadership Awards Camp  
February 15 - 17, 2019, KMC, Volcano, HI**

**Rotarian Application**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Name of Rotary Club: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**Participation in camp:** Cost

\_\_\_\_\_ **Full-time:** 5:00pm, 02/03/12 – 2:00pm, 02/05/12 \$ 125.00  
(Lodging in the student dorms, all meals and a RYLA t-shirt)

\_\_\_\_\_ **Part-time:** Cost

I will be sleeping in the student dorms \_\_\_\_\_ nights @\$17.00 per night \_\_\_\_\_

I will be eating the following meals

\_\_\_\_\_ Friday night dinner \$16.50 \_\_\_\_\_

\_\_\_\_\_ Saturday morning breakfast \$11.50 \_\_\_\_\_

\_\_\_\_\_ Saturday lunch \$10.00 \_\_\_\_\_

\_\_\_\_\_ Saturday night dinner \$16.50 \_\_\_\_\_

\_\_\_\_\_ Sunday morning breakfast \$11.50 \_\_\_\_\_

\_\_\_\_\_ Sunday lunch \$10.00 \_\_\_\_\_

\_\_\_\_\_ RYLA t-shirt \$15.00 \_\_\_\_\_

Total \$ \_\_\_\_\_

**If clubs are interested in renting a cabin, this is an option. Please advise and a list of the cabins and costs will be sent to you.**

**Please send your completed application form, payment, the medical release form, and the volunteer forms to Lisa Kwee, c/o Rotary Club of South Hilo, P.O. Box 6173 , Hilo, HI 96720. Deadline: 12/12/2018. (Please make checks out to Rotary Club of South Hilo)**



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Rotary Youth Leadership Awards

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**Health Information & Consent For Emergency Treatment**

The information on this form will be kept confidential and will only be used by medical personnel.

Rotarian's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to Participant: Spouse \_\_\_ Other (specify) \_\_\_\_\_  
 Family Physician or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Last Tetanus Shot: \_\_\_\_\_

Please answer the following questions, and explain each "YES" response below:

	Yes	No
1. Respiratory problems (asthma, persistent cough, TB, etc.).	_____	_____
2. Heart disease (high blood pressure, heart murmur, chest pain etc.).	_____	_____
3. Stomach or intestinal problems (ulcers, jaundice, hernia, etc.).	_____	_____
4. Kidney, gall bladder or liver disease.	_____	_____
5. Diabetes or Hypoglycemia (low blood sugar).	_____	_____
6. Muscular/skeletal problems (arthritis, hernia, recent fracture, etc.).	_____	_____
7. Eye, ear, nose or throat problems (hay fever, impaired sight or hearing).	_____	_____
8. Nervous disorders (convulsions, epilepsy, dizziness, etc.).	_____	_____
9. Skin diseases.	_____	_____
10. Emotional or mental disorders (frequent anxiety, excessive fear, etc.).	_____	_____
11. Surgical Operations, Accidents, Injuries in last 3 years.	_____	_____
12. Recent exposure to contagious disease.	_____	_____
13. Allergies.	_____	_____
14. Are you currently under a doctor's care?	_____	_____
15. Are you currently taking any medication? List below.	_____	_____
16. Do you have any special dietary needs?	_____	_____
17. Do you have any limiting physical or emotional conditions?	_____	_____

Explanations (Use reverse side if necessary)

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I am of the opinion that I can and may participate in the Rotary Youth Leadership Awards program (RYLA) at Kilauea Military Camp, Volcano, Hawaii on February 3-5, 2019. I further declare that I have no physical, emotional, mental or communicable conditions that will interfere with participation in this program. I hereby release Rotary District 5000, Hawai`i Island Rotary clubs and all program staff from all liability, including payment for treatment for illness or accidents which may occur.

If a medical emergency arises, I give my permission for medical personnel to perform whatever health service or treatment is necessary for my health.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

Form No. 10-85  
Rev. (9/99)

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE  
VOLUNTEERS-IN-PARKS PROGRAM

**HAWAII VOLCANOES NATIONAL PARK**

**Agreement for Individual Voluntary Services**  
*(Act of July 29, 1970 Public Law 91-357)*

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NAME - Last, first, middle initial (please print)

TELEPHONE

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ADDRESS (Street, city, state, zip code)

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Brief description of work to be performed, including minimum time commitment required. (Attach complete job description to this form)

Volunteers will participate in various forest restoration activities including plant propagation, alien plant removal, planting and seed collecting. There is no minimum time commitment.

I understand that I will not receive any compensation for the above work and that volunteers are NOT considered to be Federal employees for any purpose other than tort claims and injury compensation, and I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the National Park Service or I may cancel this agreement at any time by notifying the other party.

I do hereby volunteer my services as described above, to assist the National Park Service in its authorized work.

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*Signature of Volunteer*

*Date*

The National Park Service agrees, while this arrangement is in effect, to provide such materials, equipment and facilities that are available and needed to perform the work described above, and to consider you as a Federal employee only for the purpose of tort claims and compensation for work related injuries.

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*Signature of Park VIP Coordinator*

*Date*

**TERMINATION OF AGREEMENT**

Agreement Terminated on \_\_\_\_\_

Month, Day, Year

Signature of Park VIP Coordinator