

2011

Summer Leadership Conference



**Illinois
Teen
Institute**

“WrITing our Future”

July 17-21, 2011

Western Illinois University,
Macomb, Illinois

About the Illinois Teen Institute



Founded in 1974, the Illinois Teen Institute (ITI) is an energetic, creative and fun way for high school students to learn leadership skills, meet other youth from around the state (and country) and become empowered to create change in their schools and communities!

A five day youth conference, ITI is designed for youth whom have demonstrated leadership potential in their schools and communities. ITI provides youth with a sense of confidence, purpose and motivation that will not only continue throughout the school year, but the rest of their lives. ITI helps participants create alternatives to the use of alcohol, tobacco and other drugs; enhances skills for effective decision-making and stress relief; provides opportunities to enhance positive self-image; and offers a built-in support system for an alcohol, tobacco, and other drug (ATOD) free life.

At the Illinois Teen Institute, WE BELIEVE:

- ...becoming a leader is synonymous with becoming yourself!
- ...the youth of today know first hand the challenges that are relevant in their schools and communities and are best equipped to pave the way for positive change.
- ...peer-led initiatives are more effective in reducing the prevalence of alcohol, tobacco and other drug use.

At the conference, participants hear from national and internationally known motivational speakers, have opportunities to engage in small group discussions and strategic planning sessions, as well as participate in skill-building workshops. It isn't all business at ITI – we leave plenty of time for fun!

A graduated program, youth have the opportunity to build their leadership and ATOD prevention skills from year to year. Each year a participant returns, there is a new level of participation with increased opportunities for leadership, mentorship and involvement with the ITI planning process. Many youth that attend ITI during their high school careers, become volunteers as adults.

The Illinois Teen Institute and Operation Snowball (OS) programs are administered by the Illinois Alcoholism and Drug Dependence Association (IADDA), a professional statewide advocacy organization representing agencies and individuals involved in the prevention, treatment, and recovery of substance abuse. Through more than 30 years of existence, OS and ITI have touched the lives of more than 20,000 participants and more than 5,000 volunteers. These individuals, upon returning to their communities have started hundreds of prevention programs around the state!

For questions please call (217) 528-7335
Visit us on the web at www.os-iti.org

Funded in part by the Illinois Department of Human Services (DHS).

Who should be an Adult Sponsor?

Anyone who:

- ...is willing to serve as a resource and aid students in the development of an action plan for positive change
- ...is willing to attend the entire conference
- ...enjoys working with youth

What do we do at ITI?

ITI is an experience that is hard to describe in words! You must experience the magic for yourself! From nationally known motivational speakers, theatre groups, chalk artists, and specialist; to workshops, action planning groups, and discussion groups it is a jammed packed five days! However, ITI leaves plenty of time for fun! Scavenger hunts, rock climbing, a celebration dance, and a talent show are a few things you can look forward to!



When and Where is ITI 2011?

When: Sunday, July 17 - Thursday, July 21, 2011

Registration is open 1:00 – 3:00 PM Sunday, July 17. Conference will conclude at approximately 12:30 PM on Thursday, July 21, 2011.

Where: Western Illinois University, Macomb, IL

For Directions or Western Illinois University Information: www.wiu.edu

What is the cost?

Cost: One Adult Sponsor may attend for free with a team of ten or more students. Additional Adult Sponsors or Adult Sponsors not attending with a team of ten or more, will be charged the participant fee.

Participant fee: \$309.00 per person (**due by June 1, 2011**) (Includes tuition, meals, lodging, all workshop materials, entertainment & activities)

\$329.00 per person after the June 1, 2011 deadline

The fee must accompany the application. Checks should be made payable to IADDA.

Scholarship ideas on page 7!



Participants work together on a group challenge activity

Continuing Education Units (CEU)

Up to 42 Continuing Education Units are offered in the following fields:

- IAODAPCA
- Registered Licensed Social Workers (LCSW, LSW, LPC, LCPC)
- Illinois State Board of Education



Participants often leave with more friends than they came with

What else should I know about ITI?

Transportation: Western Illinois University is easily accessible by car or by Amtrak train. If you plan on arriving via train, transportation from the Amtrak Train Station in Macomb, to the Western Illinois University campus will be provided by the Go West Transit Bus for the 11:04 AM train. All participants must arrive prior to registration closing at 3:00 PM.

Lodging: You will stay in the dormitories on campus and will have one roommate. You will be in the same building as the youth, but in a separate room. The dorms are air-conditioned. Linens will be provided by Western Illinois University.

Meals: Meals are provided by Western Illinois University and offer a variety of entrée options (including dessert)!

Medical: A nurse will be present 24 hours a day for first-aid care. A local hospital will be used if further medical treatment is needed.

Background Check: We take the safety of all ITI participants very seriously. You are asked to provide your social security number for a background check.



Slot # _____ FOR OFFICE USE ONLY Sponsor # _____

Application Complete: Yes No Return Date: _____

Background Check: Yes No Date: _____

Approved: _____

2011 ADULT SPONSOR APPLICATION

ITI Experience

Application Deadline: June 1, 2011

I have: Attended ITI Never Attended ITI

APPLICANT INFORMATION

T-shirt size preference (please circle one): S M L XL XXL XXXL

Social security number (background check): _____

Preferred address for mail (please circle one): Home / Work

Contact information:

First Name: _____ Last Name: _____ Maiden: _____

Street Address: _____ City: _____ State: _____ Zip: _____

County: _____ Home phone: () _____ Cell phone: () _____

Email Address: _____ Age: _____ Date of Birth: _____ Gender: Male / Female

Ethnicity (Optional, for DHS reporting purposes): _____

School / Employer information (if applicable):

Company/School: _____ Title: _____

Supervisors Name (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ School District: _____

Business/School Phone: _____ Business Fax: _____

Please list any certifications (e.g. First Aid, CPR, LCSW, etc.):

HEALTH INFORMATION

Any changes to this form after it has been submitted should be provided to the nurse upon arrival at Western Illinois University. This information is **confidential** and will only be viewed by health care professionals.

NAME: _____ **DOB:** _____ **AGE:** _____ **GENDER: M F**

Do you have any known allergies? Yes No **If yes, describe the allergy and the reaction:** _____

Do you have:

- diabetes Insulin: Type _____ Dosage _____ When Taken _____
 epilepsy fainting dizziness blackouts asthma depression
 heart disease sickle cell anemia high blood pressure manic depression (bipolar disorder)
 Respiratory problems any other condition for which you are currently under medical care.

Describe:

Do you have special needs? (E.g. wheelchair, visual/hearing impaired, on crutches etc.) _____

Do you have any dietary restrictions? Please explain: _____

To the best of your knowledge, when was your last tetanus shot? ____/____/____

PRESCRIBED MEDICATION

All medications must be brought to ITI in their original bottle/packaging that identifies the prescribing physician, name of the medication, the dosage, and the frequency of administration. Anyone under the age of 18 is required to turn all medication (over the counter and prescription) into the nurse at registration. Depending on lodging arrangements, staff may be required to turn in all medication to the ITI nurse upon arrival.

Are you taking any prescribed medications at the present time for any of the above listed conditions or for other health problems? No Yes If yes, please provide the following information:

Medication _____ dosage _____ when taken _____

Medication _____ dosage _____ when taken _____

Medication _____ dosage _____ when taken _____

If more space is needed, please attach a separate sheet of paper. Nondisclosure of requested information or omission of prescribed medication on this form is grounds for dismissal from ITI.

PHYSICIAN INFORMATION

Physician's Name _____

Office Phone () _____ After Hours Phone () _____

Physician's Clinic or Hospital Affiliation _____

INSURANCE INFORMATION

If medical treatment is required, I hereby authorize use of the following medical insurance information:

Health Insurance Provider _____ Affiliated/Preferred Hospital _____

Certificate Number _____ Group Number _____

I do not have health insurance

CONSENT / EMERGENCY CONTACT INFORMATION

I am an adult volunteer/adult sponsor in the ITI program. My signature below these provisions indicates that I agree with, accept and acknowledge the information contained in the Consent for Medical Treatment.

I understand that all attendees/volunteers must follow any instructions given by the medical/nursing advisors. I understand and hereby agree to my dismissal from this program for any violation of these rules, for failing to follow instructions or medical/nursing advice and for any illness which affects my participation in the ITI program. I further agree to immediately leave this program or make necessary arrangements to leave if notified of the need for dismissal.

If ITI medical personnel determine that medical treatment is necessary, and I refuse treatment, IADDA reserves the right to request that I immediately be dismissed from the program.

I understand that basic first aid treatment will be available at the Institute and, if necessary, I will be taken to a local hospital or medical center if further medical attention is required. I hereby consent to the giving of first aid treatment and medical treatment described in this paragraph. I acknowledge that I am responsible for any charges incurred in the treatment at a hospital or medical center and by any necessary physicians. I also acknowledge that the Illinois Alcoholism and Drug Dependence Association is not responsible for any medical bills incurred for any medical treatment provided to the applicant.

In case of injury or illness, I hereby authorize ITI personnel to obtain necessary treatment. I also understand that if emergency treatment or surgery is necessary, ITI or medical personnel will attempt to notify me or the emergency contact listed below.

EMERGENCY CONTACT:

First Name: _____ **Last Name:** _____ **Relationship:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home phone: () _____ **Work phone:** () _____ **Cell phone:** () _____

In the event that efforts to contact me or my designee are unsuccessful, or that I am unable to consent, I hereby authorize ITI personnel to take emergency action including transportation to a hospital or medical center and I hereby authorize the attending physician to administer any treatment, including surgery, which he or she deems necessary.

My signature below indicates that all statements made in this Health Information Sheet are true and correct to the best of my knowledge and that I agree with and give consent to all of the statements stated above.

 **Signature** _____ **Date** _____

Mail completed application to:

IADDA
937 South Second Street
Springfield, Illinois, 62704
(217) 528-7335