

2011

Summer Leadership Conference



**Illinois  
Teen  
Institute**

**“WrITling Our Future”**

**July 17-21, 2011**

Western Illinois University,  
Macomb, Illinois



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 (ATOD) drug 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. IADDA's primary purpose is to advocate for sound public policy in Illinois and across the nation. 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, making a difference in their own lives and those around them.

For questions please call (217) 528-7335

Visit us on the web at [www.os-iti.org](http://www.os-iti.org)

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

## Who should attend?

ITI is open to any student that will be a freshman, sophomore, junior or senior during the **upcoming school year**.

**Participants should be high school students who:**

- ...are proud to be alcohol, tobacco, and drug free.
- ...are motivated to give service to their school and community.
- ...have the desire to develop and utilize their leadership skills.
- ...will reach out to others and value diversity.
- ...want to have fun and have a lifetime experience!

## 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 (and sometimes internationally) known motivational speakers, theatre groups, chalk artists, and specialist; 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!

In addition to hearing from speakers, participants will take part in teambuilding activities, discussion groups (where you get to speak your mind), and Community Action Teams which identify the needs in your own community and develop a plan of action!



## 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](http://www.wiu.edu)

## What is the cost?

**Cost:** \$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**



**Teambuilding**

## 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:** ITI Participants will be staying in Thompson Hall, a 19 story, secured residence hall on Western's campus. Males and females will stay on separate floors. Adult staff will be present on every floor for supervision. Each participant will have one roommate. Rooms will be assigned upon arrival.

**Meals:** Meals are provided by WIU and offer a variety of entrée options (including dessert)! Special dietary needs should be indicated on the health form.

Sunday: Dinner only.

Monday – Wednesday: Breakfast, lunch, & dinner.

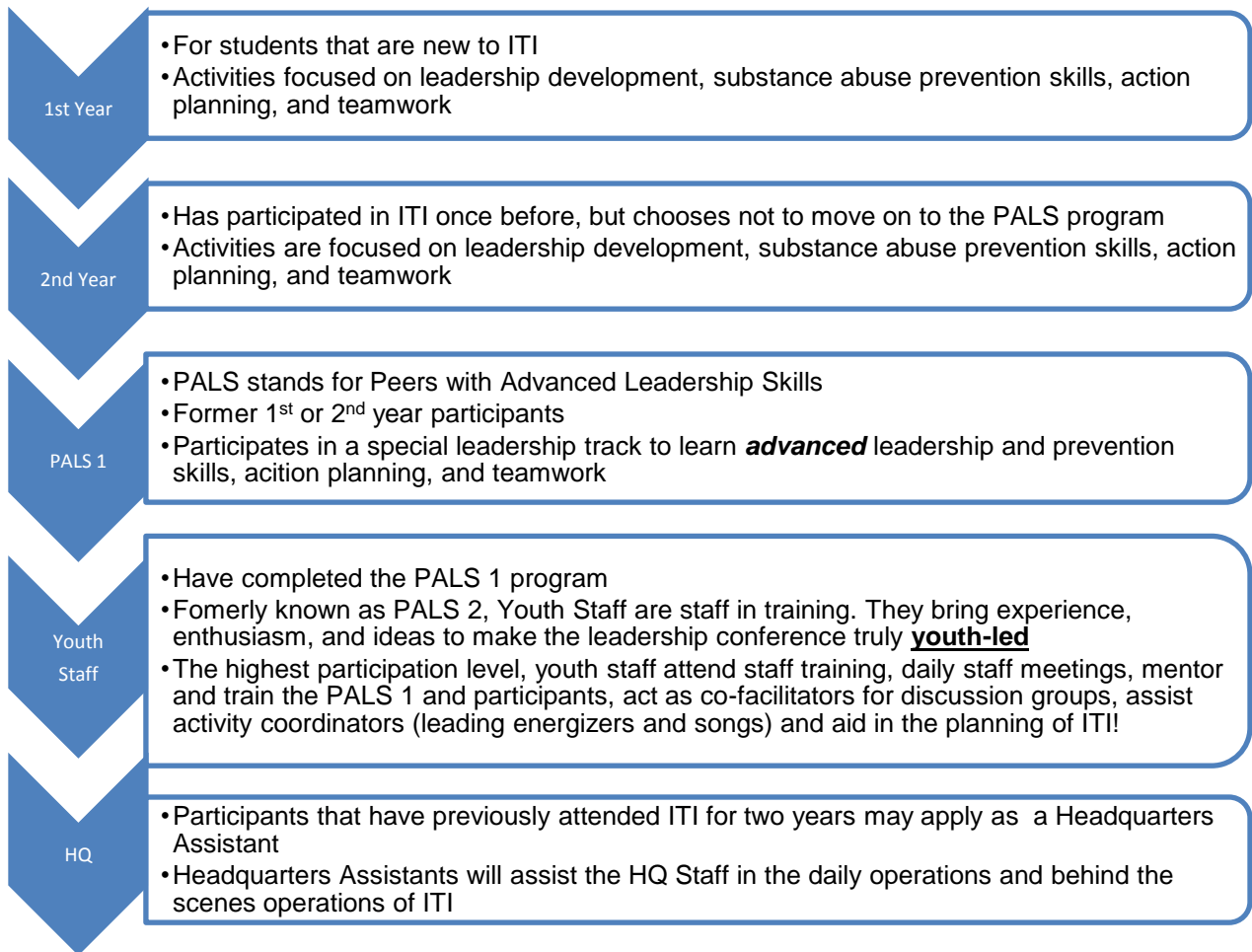
Thursday: Breakfast only.

**Medical:** A nurse will be present 24 hours a day for first-aid care and to dispense any prescribed medication. A local hospital will be used should an attendee require further medical treatment.

**Volunteer Staff:** The Illinois Teen Institute is staffed primarily by adult volunteers chosen by IADDA. All volunteers go through an extensive interview process including a background check. Volunteer Staff take part in a two-day training prior to the arrival of participants. Many volunteers are teachers, Prevention Specialist, or social service workers.

## Participation Levels

The ITI summer leadership conference utilizes four levels of participation for high school students. As a graduated program, each year a participant may advance to the next level of involvement. The participation levels are briefly described below:



## Team and Adult Sponsor Information!

It is encouraged, but **NOT required** that youth attend with a team from their school, school district, or community. Groups or schools that apply as a team of ten or more may bring ONE adult sponsor for free. **All team information should be sent to the IADDA office as one mailing. Schools, school districts, or groups that (knowingly) send more than ten students are required to send one adult sponsor/representative.**

Adult Sponsors often chaperone the students to ITI, assist with supervision, and assist with the action planning process. Adult sponsors have access to all presenters and workshops. All adult sponsors should complete the Adult Sponsor application found online at [www.os-iti.org](http://www.os-iti.org) under the ITI 2011 link. Or, contact the IADDA office to have a hard copy mailed. Adult sponsor **are not** required to attend training.

# Looking for Adult Volunteers!

## Who should volunteer? Anyone who:

- ...is 18 years or older
- ...is a high school graduate or equivalent by July 2011
- ...is willing to attend the entire conference and staff training
- ...enjoys working with youth and having a great time
- ...is interested in earning CEU's and hearing from motivational speakers

## Earn CEU's while having FUN!

Continuing Education Units are offered in the following fields:

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

## What is the cost for Volunteers?

- NO FEE for all adult volunteers
- Travel reimbursement to and from the conference (within state), lodging, meals, training materials, and access to all speakers and activities are provided

## What do ITI Volunteers Do?

ITI Volunteers have a plethora of opportunities! Many volunteers choose to Co-Facilitate a discussion group and Action Planning Team. If you prefer more of a behind the scenes role Headquarters if for you!

## How do I apply?

- Go to [www.os-iti.org](http://www.os-iti.org) and click on the ITI 2011 link
- Download and print the ITI 2011 Volunteer Application or call the IADDA office to have a hard copy mailed to you (217) 528-7335

## Questions? We have the answers!

- Call (217) 528-7335
- Email [smusser@iadda.org](mailto:smusser@iadda.org)
- Check online at [www.os-iti.org](http://www.os-iti.org)



**FOR OFFICE USE ONLY:**

Sponsor Code: \_\_\_\_\_ Paid \$ \_\_\_\_\_ Slot # \_\_\_\_\_  
Sub for: \_\_\_\_\_  
 Cancel  Refund Date \_\_\_\_\_ Check # \_\_\_\_\_  
Reason \_\_\_\_\_

**2011 PARTICIPANT AND PALS APPLICATION**

**Application Deadline: June 1, 2011**

**PARTICIPATION LEVEL**

**I Am Applying As:**  1<sup>st</sup> Year Participant  2<sup>nd</sup> Year Participant  PALS 1  Youth Staff  HQ Assistant

**Previously Attended As:**  Youth Participant  2<sup>nd</sup> Year Participant  PALS 1  PALS 2  A-Team

**APPLICANT INFORMATION**

**T-Shirt Size Preference (Please Circle One):** S M L XL XXL XXXL

**Participant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: Male / Female

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade during 2011-2012 school year:  9  10  11  12

Ethnicity (Optional, for DHS reporting purposes): \_\_\_\_\_

**Commitment and Drug Free Pledge:**

I am aware the Illinois Teen Institute is a leadership development and alcohol, tobacco and other drug *prevention* program for high school students. As an attendee at the Illinois Teen Institute, I formally state my commitment to remain alcohol and drug-free, year round. (This excludes any use for religious purposes).

**Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**\* Please notify IADDA of any address change prior to the conference\***

**PALS 1 APPLICANTS ONLY**

Please type or word process your response to the following questions on a separate sheet of paper. Please enclose your answers with the completed application. You will receive mail and/or email notification of your acceptance.

1. Have you helped plan/present any prevention activities in the last year? Describe each activity and the role you played.
2. What does being alcohol, tobacco and drug free mean to you?
3. How has the ITI experience influenced your knowledge, attitudes, behaviors, and decisions?

**YOUTH STAFF APPLICANTS ONLY**

Please obtain one letter of recommendation from a teacher, counselor or other school official. Please collect the letter from your reference, in a sealed envelope, and enclose with your completed application packet. IADDA (or designee) will contact you via phone to schedule a phone interview. Youth Staff are required to attend staff training beginning on July 15, 2011 at 1:00 PM at Western Illinois University.

## SCHOOL RECOMMENDATION

(This section to be completed by a school administrator, counselor, or teacher)

School Name: \_\_\_\_\_ District: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

School Address/City/Zip \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

PRINTED Name of School Administrator, Counselor, or Teacher: \_\_\_\_\_

### TEAM INFORMATION:

Schools or school districts that send ten or more students are required to send an adult sponsor/representative. The adult sponsor will attend for free and will serve as a Community Action Team (CAT) Advisor for their team. Adult Sponsors should complete the adult sponsor application found online at [www.os-iti.org](http://www.os-iti.org) under the ITI 2011 link. If sending a team or group of students, please send their applications and check(s) all at one time.

**Check the appropriate box:**  Student is attending with a team  Student is not attending with a team

If applicable, please list the team name (or school/district): \_\_\_\_\_

If applicable, please print the name of the adult sponsor: \_\_\_\_\_

I recommend the above applicant to attend ITI. I fully understand ITI participants are expected to demonstrate leadership potential, an interest in helping others, and a responsibility to self and others. ***I have seen no evidence that the applicant has a current alcohol/drug or behavioral problem, or that he/she has experienced school discipline/legal problems in the past six months.*** I understand that ITI is a prevention (not treatment) program.

 **Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

## SCHOLARSHIP INFORMATION (if applicable)

List all scholarship sources and amounts. If *you have more than one scholarship provider, please use a separate sheet of paper and attach it.* The total from all sources must equal \$309.00 (after June 1, 2011 the fee is \$329.00). Check(s) must be attached to this application. Applicants that are not accepted for the ITI program will receive a full refund. Please make all checks payable to IADDA.

**Scholarship Amount: \$** \_\_\_\_\_ **Check Number:** \_\_\_\_\_ **Scholarship Provider Phone: ( )** \_\_\_\_\_

**Scholarship Provider/Organization:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Participant/Parent/Guardian is contributing \$** \_\_\_\_\_ **Check #:** \_\_\_\_\_

### FINDING A SCHOLARSHIP

Many clubs, schools and organizations see the positive effect ITI can have on a school and/or community and may be willing to provide scholarships or other financial support. School counselors, administrators, teachers, parents (anyone) can help in recruiting scholarships. To help you get started, the following organizations have shown their support in the past. Call or write a letter asking for assistance!

IL Sheriffs' Assn	Lions Club	American Legion	Schools/PTA/Boosters	Masonic Lodge	Operation Snowball Chapters
IL National Guard	Elks Club	Church Groups	Banks/Other Business	Jaycees	IL Violence Prevention Authority
Local State's Attorney	Optimists	Chamber of Commerce	Alcohol/Drug Programs	Kiwanis	IL Chief of Police Assn
VFW	Parent Groups	Junior League	IL State Police	Chicago Public Schools	

**PARENT/GUARDIAN INFORMATION (SIGNATURE REQUIRED)**

**\*PLEASE PRINT OR TYPE NEATLY\***

**PARENT/GUARDIAN CONTACT INFORMATION:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** ( ) \_\_\_\_\_ **Work phone:** ( ) \_\_\_\_\_ **Cell phone:** ( ) \_\_\_\_\_

**ACKNOWLEDGEMENT OF ITI PURPOSE**

I understand ITI is a leadership development and prevention program and does not provide treatment for physical, emotional, behavioral, or alcohol/drug use related conditions. I have read and acknowledge the above applicant meets all the admission requirements.

**RELEASE OF LIABILITY**

I understand that all participants must follow the ITI and Western Illinois University rules and follow any instructions they are given by ITI staff and/or Western Illinois University . I understand and hereby agree to the dismissal of the participant from this program for any violation of these rules or for failing to follow instructions. **I agree to immediately pick up or make travel arrangements for the participant from this program if notified of the need for dismissal.**

I understand all participants will be issued a room key(s) by Western Illinois University. If the participant loses or fails to return the key to Western Illinois University, I agree to pay a replacement fee which will be in excess of \$50.00. I understand there may be legal consequences if the fee is not paid to or immediately following the participant leaving the Conference/Institute.

I give permission for the applicant to participate in an anonymous survey that measures attitudes, beliefs, and behavior and their use of alcohol, tobacco and other drugs which will be administered prior to the conference and at the conclusion of the conference. I further give permission for the participant to be photographed during attendance at ITI and for the photographs to be used for promotional purposes without seeking payment for the use of such photos. I also give permission for the applicant's contact information to be released to the other participants, volunteers and select organizations for the purpose of follow-up and support after the ITI event. Moreover, I give permission for the applicant to participate in the teams/ropes course presented by a contracted provider (if applicable) and for the applicant to participate in rock climbing during free-time if he/she chooses.

For the consideration of participation in the ITI program, I hereby release and hold harmless the Illinois Alcoholism and Drug Dependence Association (IADDA), the Illinois Department of Human Services, Western Illinois University, their officers, employees, volunteers or agents, and any medical treatment personnel selected, from any and all liability or damages including accidental injury or illness, which may result from the participant's attendance in or transportation to/from said ITI program.

**My signature below indicates I have read the Consent and Release of Liability and all other information in this application and I agree with, accept and acknowledge these provisions. My signature further indicates that all statements made in this application are true and correct to the best of my knowledge.**

 **Parent/Guardian Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail completed applications to:  
IADDA / ITI  
937 South Second Street  
Springfield, Illinois 62704  
(217) 528-7335

## HEALTH INFORMATION

The following information must be completed by a parent/guardian for anyone under the age of 18. Any changes to this form should be provided to the nurse upon arrival at Western Illinois University. This information is confidential and will only be viewed by IADDA and 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.

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.

## OVER THE COUNTER MEDICATION

As the parent/guardian, do you give permission for the above applicant to receive over-the-counter medication from the Conference/Institute Staff?  YES  NO

## 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 \_\_\_\_\_

Applicant does not have health insurance

## CONSENT / EMERGENCY CONTACT INFORMATION

I am the parent or legal guardian of an attendee in the ITI program, or I am an adult volunteer 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 must follow any instructions given by their parents and 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 pick up the applicant from this program or make necessary arrangements to leave if notified of the need for dismissal.

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

I understand that basic first aid treatment will be available at ITI and, if necessary, the applicant will be taken to a local hospital or medical center if he/she requires further medical attention. 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.

### PARENT/GUARDIAN INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: (    ) \_\_\_\_\_ Work phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

### ADDITIONAL 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 of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

# Refund Policy

- A refund (minus a \$75 cancellation fee) will be provided if requested by July 1, 2011
- Instead of cancelling, you may find a substitute that fulfills all the admission requirements. Please call the IADDA office to request a substitute (217) 528-7335.
- A substitute's application must be received by the IADDA office no later than July 6, 2011
- IADDA reserves the right to reject an application if it is inaccurate, incomplete, or the applicant does not meet the admission requirements.
- Cancellations after July 1, 2011 will not receive a refund unless the cancellation is due to an illness or death in the family. In which case, you must contact the IADDA office during business hours, prior to the beginning of the Illinois Teen Institute.
- Applicants, who fail to cancel with IADDA prior to the conference, will not receive a refund.

## Forgotten Anything?

### 1<sup>st</sup> / 2<sup>nd</sup> Year Participants / HQ Assistant:

- I have completed pages 6-10
- A school official, teacher or counselor has completed page 7
- My parent/guardian signed page 8
- My health information form is complete (pages 9-10)
- I have enclosed a check(s) for \$309.00 and/or my scholarship information
- I have made a copy of this application for my records

### PALS 1

- I have completed pages 6-10
- A school official, teacher or counselor completed page 7
- My parent/guardian signed page 8
- My health information form is complete (pages 9-10)
- I have enclosed a check(s) for \$309.00 and/or my scholarship information
- I have attached the answers to the PALS 1 Questionnaire (page 6)
- I have made a copy of this application for my records

### Youth Staff (Formerly PALS 2)

- I have completed pages 6-10
- A school official, teacher or counselor completed page 7
- My parent/guardian signed page 8
- My health information form is complete (pages 9-10)
- I have enclosed a check(s) for \$309.00 and/or my scholarship information
- I have enclosed my letter of recommendation
- I have made a copy of this application for my records

### Adult Sponsors

- You are representing a team of 10 or more students and all their applications are enclosed or are attending with less than 10 students but have included a check for your registration
- You have completed the ITI Adult Sponsor Application found online at [www.os-iti.org](http://www.os-iti.org) under the ITI 2011 link (or contact IADDA to have a hard copy mailed)
- You have enclosed a check(s) for all attendees

**Mail Completed Applications to:**  
**IADDA / ITI**  
**937 South Second Street**  
**Springfield, Illinois 62704**  
**(217) 528-7335**