

**2010**

**Illinois Mid-Level Institute  
Participant Application**



**“Be the Change!”**

**February 19-21, 2010**

**Lake Williamson,**

**Carlinville, Illinois**





The Mid-Level Institute (MLI) is an energetic, creative and fun way for students in grades 6-9, to learn leadership skills, meet other youth from around the state and become empowered to create change in their schools and communities!

A three day youth conference, MLI is designed for youth whom have demonstrated leadership potential in their schools and communities. MLI 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. MLI 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 Mid-Level 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 workshops. It isn't all business at MLI – we leave plenty of time for fun!

The Mid-Level Institute (MLI), Illinois Teen Institute (ITI), 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 and treatment 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, ITI, and MLI 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 (800) 252-6301 ext. 52  
Visit us on the web at [www.os-iti.org](http://www.os-iti.org)

## Who should attend?

**YOU!** MLI is open to any student that is a 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, or 9<sup>th</sup> grade student during the 2009-2010 school year, understands the mission of MLI, and is willing to participate!

### Participants should be 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.
- ...have good listening skills and will respect others & opinions.
- ...will reach out to others and value diversity.
- ...want to have fun and have a lifetime experience!

## What do we do at MLI?

MLI 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 weekend! However, MLI leaves plenty of time for fun!

### MLI 2010 WILL OPEN WITH:



*Tei Street*

**"Tei takes youth on a journey to discover the "amazing" that is within them."**

## When and Where is MLI 2010?

**When:** Friday, February 19 – Sunday, February 21 (Registration will take place from 4:00-5:30 PM on Friday, February 19<sup>th</sup>)

**Where:** Lake Williamson, Carlinville, IL

**For Directions or Lake Williamson Information:**  
[www.lakewilliamson.com](http://www.lakewilliamson.com)



Participants work together on a group challenge activity



## What is the cost?

**Cost:** \$110.00

**Application Deadline:** February 5, 2010 (Includes tuition, meals, lodging, a conference t-shirt, all workshop materials, entertainment & activities)

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

## What else should I know about ITI?

**Transportation:** Transportation to and from the conference is your or the schools responsibility. Lake Williamson is located just 75 miles north of downtown St. Louis and 45 miles south of Springfield, Illinois.

**Lodging:** In most cases, there are six to eight people per cabin with private bathrooms in each cabin. You will need to provide your own linen and personal care items!

**Meals:** Meals are provided by Lake Williamson and offer a variety of entrée options (including dessert)!

**Medical:** A nurse will be present 24 hours a day for first-aid care and to dispense any prescribed medication brought with you. A local hospital will be used if further medical treatment is needed.

## Team and School Chaperone 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 six or more may send one school chaperone (school chaperones may be a teacher, administrator, or parent) free of charge! All team information should be sent to the IADDA office, by a school representative, as one mailing.

***School chaperones need to complete a volunteer/school chaperone application and must permit to a criminal background check.***

Please see the website for additional information: [www.os-iti.org](http://www.os-iti.org).

## How do I apply?

1. Fill out the application!
2. Double check to make sure everything is complete!
3. Enclose check or scholarship information if applicable.
4. Call the IADDA office with any questions at  
(800) 252-6301 ext. 52
5. Mail pages 5-8 of the completed application to:  
  
IADDA  
937 S. Second Street  
Springfield, Illinois 62704
6. You will receive notification via mail of your acceptance.



**FOR OFFICE USE ONLY:**

Application Complete:  Yes  No Return Date: \_\_\_\_\_

Acceptance Letter Sent: \_\_\_\_\_

**2010 PARTICIPANT APPLICATION**

**APPLICATION DEADLINE: February 5, 2010**

**APPLICANT INFORMATION**

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

**Contact information:**

Gender: Male / Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (2009-2010 school year): 6 7 8 9

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

**APPLICANT QUESTIONNAIRE**

**As a youth participant, you will be expected to participate in MLI program activities. Please answer the following questions:**

**Why do you want to attend MLI?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you involved in any activities, clubs, or organizations at your school? If yes, please list them.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTICIPANT CONTRACT (Signature Required)**

I understand that, if I am accepted as a MLI participant, I will learn how I can make a difference in my community. I agree to work towards a drug-free school and community when I return home after MLI. My signature below pledges **that I have read all information in this application**, that I accept and agree to comply with all provisions, and that I will abide by the consequences if I choose to disregard or violate them.

As a participant at the Mid-Level Institute, I do swear to maintain and uphold the ideals of the Mid-Level Institute. I believe in the Mid-Level Institute and its worth. I also believe in myself and my worth as an individual. Therefore, I now formally state my commitment to remain alcohol and drug free, year round. (This excludes any use for religious purposes.)

I recognize the fact that, as a member of this group, my peers and others will be looking to me to set good examples. I also realize this may not be an easy position to maintain, but I will always have the support of the members, the adult leaders and my family.

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

**SCHOOL VERIFICATION**  
(Must be completed by school administrator, counselor, or teacher)

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

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

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

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

I recommend this applicant to attend MLI. I understand MLI participants are expected to demonstrate leadership potential, an interest in helping others, and a responsibility to self and others. I believe the applicant has an ability to influence peers in a positive way. ***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 MLI 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 \$110.00. If information is incomplete, the application will be returned and you will not be considered for admission until a completed application and the full registration fee is received. You must include **complete addresses** of all scholarship providers so they can receive your thank you card and a certificate of appreciation for their contribution. Your check(s) (payable to IADDA) and totaling \$110.00 must be attached to this application.

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

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

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

**PARENT / GUARDIAN PERMISSION**

**ACKNOWLEDGEMENT OF MLI PURPOSE**

I understand MLI is a leadership development and prevention program and does not provide treatment for physical, emotional, behavioral, or alcohol/drug abuse 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 MLI and Lake Williamson rules and follow any instructions they are given by MLI staff and/or Lake Williamson. 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 give permission for the participant to be photographed during attendance at MLI 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 MLI 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 MLI program, I hereby release and hold harmless the Illinois Alcoholism and Drug Dependence Association (IADDA), the Illinois Department of Human Services, Lake Williamson, 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 MLI 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** \_\_\_\_\_

## HEALTH INFORMATION (MUST BE COMPLETED)

Any changes to this form after it has been submitted should be provided to the nurse upon arrival at Lake Williamson. 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? \_\_\_\_/\_\_\_\_/\_\_\_\_

All medications must be brought to MLI 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 MLI 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 MLI.

## 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 the parent or legal guardian of a participant in the MLI 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 participants must follow any instructions given by their parents and medical/nursing advisors. I understand and hereby agree to the dismissal of the participant from this program for any violation of these rules, for failing to follow instructions or medical/nursing advice and for any illness which affects their participation in the MLI program. I further agree to immediately pick up the participant from this program if notified of need for dismissal.

If MLI medical personnel determine that medical treatment of the participant is necessary, and I refuse to permit the participant to receive medical treatment, IADDA reserves the right to request that I, the parent/guardian, immediately pick up the participant from the Institute and remove him/her from the program, and I agree to do so.

**I understand that basic first aid treatment will be available at the Institute and, if necessary, the participant 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 of the participant at a hospital or medical center and by any necessary physicians. I also acknowledge that the Illinois Alcoholism and Drug Dependence Association are not responsible for any medical bills incurred for any medical treatment provided to the participant.**

**In case of illness or injury of the participant, I hereby authorize MLI personnel to obtain necessary treatment. I understand that if emergency treatment or surgery is necessary, MLI or medical personnel will attempt to notify me to obtain my approval.**

### Main Emergency Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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


### If I am unavailable, I designate the following to give medical consent.

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work/School Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

In the event that efforts to contact me or my designee are unsuccessful, I hereby authorize MLI 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 (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail completed application to:

**IADDA  
937 South Second Street  
Springfield, Illinois, 62704  
(800) 252-6301 Ext. 52**