



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

Dear Leaders Club Applicant:

Thank you for your interest in becoming a Leaders Club member!

Our Leaders Club program is designed to develop your personal and social skills through mentorship, coordinated service projects, social activities and events, educational and life skills workshops and more! We hope that this program will challenge you, through individual and group projects, to become a role-model for others!

Enclosed you will find an application and a brief description of the Leaders Club program. Please look over the criteria and program's agenda so that you are sure this program is for you! Once all forms are completed and returned you will be contacted for a group orientation with program staff.

If you have any questions, please feel free to call (315) 990-0695, or email [melissa@auburnymca.net](mailto:melissa@auburnymca.net)

**Application Due Date: 10/14/2022**

Sincerely,

Melissa Cartner  
Family & Camp Director  
Auburn YMCA-WEIU



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## **BE A LEADER**

### **FOLLOW YOUR DREAMS**

Auburn YMCA-WEIU  
Leaders Club  
Grades 6-12

### **PROGRAM OVERVIEW**

Leader's Club is a national program of the YMCA that provides young people with opportunities for leadership training, personal growth, service to others, and social development.

Participants will meet once a week for an hour or twice a month for two hours, and work closely with their peers and a clubleader on skill and character-building activities, as well as on planning and organizing club projects.

All programs provide a safe haven for young people to become confident and competent adults with a sense of belonging in their community, and promote and enhance the personal growth and social skills of young people in order to develop leaders who will be a positive force in their communities.

**Who:** 6<sup>th</sup>-12<sup>th</sup> Grade Students

**Where:** Auburn YMCA-WEIU

**When:** Must meet 4 hours a month. Schedule to be determined by club members.

**Cost:** Application Fee\*- \$10 Members, \$20 Non-Members

**Application Due Date:** 10/14/2022

\*All application fees will go into the Leaders Club account and will be used by the Leaders Club.

For further info about Leaders Club  
please contact Melissa Cartner at (315) 990-0695 or [melissa@auburnymca.net](mailto:melissa@auburnymca.net)



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## Auburn YMCA-WEIU Leaders Club Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email (if available): \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

I reside with: \_\_\_\_\_

Why would you like to enroll In Leaders Club? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what ways do you think being a member of Leaders Club will benefit you as a person? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you spend your "free time"? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any extracurricular activities you are currently involved in with your school, church, employment or other outside organization. \_\_\_\_\_

Please list any YMCA experience you have had over the years. (This could include employment, program participation, etc...) \_\_\_\_\_

What personal qualities do you possess that would help you to be a contributing club member? \_\_\_\_\_

What are some characteristics of a leader? \_\_\_\_\_

What personal goals do you have for next year? \_\_\_\_\_

Feel free to add any comments or information about yourself that might be helpful. \_\_\_\_\_

**After carefully reviewing your schedule, can you commit to 80% of Leaders Club events? This includes weeknight meetings, weekend events and trips.**

**Yes**     **No**     **Not Sure**

**References** (other than family members, you may use one YMCA employee)

You are required to provide 3 references and submit them with your application. Three reference forms are attached to this packet. Please list your references below:

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Yrs. Known** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Yrs. Known** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Yrs. Known** \_\_\_\_\_

**All things written here are true.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this application to:**

Auburn YMCA-WEIU, Leaders Club, 27 William Street, Auburn, NY 13021, Fax (315) 253-6153, Email [melissa@auburnymca.net](mailto:melissa@auburnymca.net)

**Participant Information** (to be completed by parent/guardian)

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email (if available): \_\_\_\_\_

**Parent/Family Information**

Primary Contact Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Participant resides with: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

## Participant Medical Information

Physician Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does participant have any allergies? **No** **Yes** (please explain below)

**Allergy:** \_\_\_\_\_ **Treatment:** \_\_\_\_\_

**Allergy:** \_\_\_\_\_ **Treatment:** \_\_\_\_\_

**Allergy:** \_\_\_\_\_ **Treatment:** \_\_\_\_\_

Does participant take any medications? **No** **Yes** (please explain below)

**Medication\*:** \_\_\_\_\_

**Reason:** \_\_\_\_\_ **Times Taken:** \_\_\_\_\_

**Medication\*:** \_\_\_\_\_

**Reason:** \_\_\_\_\_ **Times Taken:** \_\_\_\_\_

**Medication\*:** \_\_\_\_\_

**Reason:** \_\_\_\_\_ **Times Taken:** \_\_\_\_\_

\*If medication is needed during program hours, parents must provide medication in original container to staff with instructions from doctor and have medications signed in and out.

Does participant have any other medical/social/physical conditions or limitations we should know about?

**No** **Yes** (please explain below)

**Condition:** \_\_\_\_\_ **Treatment:** \_\_\_\_\_

**Condition:** \_\_\_\_\_ **Treatment:** \_\_\_\_\_

**Condition:** \_\_\_\_\_ **Treatment:** \_\_\_\_\_



# Auburn YMCA-WEIU Minor Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING AUBURN YMCA-WEIU FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE**

### Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Auburn YMCA - WEIU facilities, services, equipment and premises ("Facilities") and any participation in Auburn YMCA - WEIU programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Auburn YMCA - WEIU, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

### Code of Conduct

The Auburn YMCA-WEIU is committed to providing a safe and welcoming environment for all. For the safety and comfort of those who are in our facility, participating in our programs, or on grounds, we ask individuals to act in a manner that upholds our guiding principles of honesty, responsibility, respect and caring at all times and to comply with all Y policies and rules regarding use of facilities and equipment.

I understand that failure to comply with the YMCA's rules and regulations could result in revocation of my membership or facility privileges. I acknowledge the mission of the Auburn YMCA and I will act responsibly and respect the rights and dignity of other members and staff. I understand can be denied entry or terminated for not following the YMCA rules and policies. I assume responsibility for injuries sustained. The YMCA may use my/our likeness for promotional purposes.

Date: \_\_\_\_\_ Minor Name (print clearly): \_\_\_\_\_

Parent/Guardian Name (print clearly): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

( ) Please check here if not a Skaneateles/Auburn Y member and provide the following:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



AUBURN YMCA-WEIU  
Leaders Club

APPLICANT REFERENCE FORM

Applicant:

1. Enter your name on line below, along with other information asked for.
2. Give this form to your reference with a Stamped envelope addressed to:  
Melissa Cartner  
Auburn YMCA-WEIU  
27 William St.  
Auburn, NY 13021

To the Person Completing Form:

The applicant named below wishes to be a member of the Auburn YMCA's Leaders Club and asks that you help us by checking under the heading that most nearly describes him/her. Feel free to make additional notes on the back of the form. The reference will be confidential. Your prompt and helpful response is appreciated.

Applicant Name \_\_\_\_\_

Is the applicant:	Not Observable	Above Average	Average	Below Average
1. An excellent role-model for kids to emulate?				
2. Reliable?				
3. Flexible, able to shift program direction on short notice?				
4. Loyal, supports both verbally and in action his/her peers and employer?				
5. Stamina: Can he/she work long hours at peak performance?				
6. Able to complete assigned work, follow through with attention to detail?				
7. Independent: Completes work without supervision?				
8. Neat in personal appearance?				
9. Have a reputation for honesty and integrity?				

If you were a parent, would you be happy to have this person as your child's caregiver? \_\_\_\_\_

Reference's Name (Printed): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Organization, School, or Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list on the back any additional comments. Information about the candidate's interests, experience/skills in working with children will be helpful.



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