



Chippewa Valley Council

National Youth Leadership Training

Boy Scouts of America



Glenn Swanson, Course Director
621 Amy Lane Eau Claire, WI 54701
715-579-7652 (cell) gwseagle@gmail.com

Dear Interested Scout;

As a direct result of your outstanding performance as a participant in the Chippewa Valley Council, National Youth Leadership Training Course, our staff would like you to consider joining us for the **2019 National Youth Leadership Training Course**. It is my pleasure to send you this letter inviting you to be a part of this experience.

If you are currently an active, registered Scout in your troop, can make a commitment to be at the Staff Development and Course set up weekends, and you want to be part of this exciting opportunity, please complete the enclosed *Staff Information Sheet*. Also, have your parent or guardian complete and sign the Parent Section and have your Scoutmaster complete the Scoutmaster section. Then via email or postal service return the documents to me. To confirm your interest and to ensure that you will be considered for a staff position, **please see that I receive this information by January 07, 2019.**

Our first weekend will be spent going through the interview process for specific staff positions as well as providing you with all the information about the Course and your new responsibilities that you will need to help you in determining what staff position you will want to be in. Please plan on arriving at the weekend's planned location in your **full Scout uniform** by 7 pm with all the **materials and equipment** you will need to spend the allotted time comfortably and effectively. The first weekend we will be having a Cracker Barrel on Friday night and will serve breakfast and lunch on Saturday. Snacks are also provided thru out the day so you will not go hungry and you should be home in time for dinner Saturday night. Included with this information is an agenda for the weekend that will provide you with a general idea of what to expect and will help you and your parents plan accordingly.

Your **full Scout uniform** should include an official Scout field uniform shirt, pants, belt, socks, and activity uniform t-shirt. It should also include appropriate footwear for weather conditions expected. This will be our required uniform for the duration of the Development weekends as well as the Course itself so you may be required to purchase additional clothing items to meet this necessity. Neckerchiefs are not worn during the interview or Staff Development weekends and you will be provided with an official staff neckerchief and hat for the Course.

Some of the **materials and equipment** you should bring with you include a notebook and pen, any items you need to stay overnight indoors, appropriate clothing and footwear for participating in activities outside, any personal hygiene items such as toothbrush, toothpaste and deodorant and an activity t-shirt and pajamas or casual wear for times when you are not required to be in uniform. You will be provided with a Course 3 ring binder with all the specific information about the Course you will need at the January meeting.

In order for you to be a part of the 2019 NYLT Course Staff you must be present at the January meeting and be able to commit to the Staff Development Weekends and Course set up dates:

January 11-12, 2019: Orientation and Staff Interviews
February 08-09-10, 2019: 1st Staff Development Weekend
March 08-09-10, 2019: 2nd Staff Development Weekend
April 05-06-07, 2019: 3rd Staff Development Weekend
** EDGE Training: Date and Location to be Determined **
June 01, 2019: Pre-Course set up
June 07-08, 2019: Course set up

NYLT Course
June 09-15, 2019

The location of the 2019 NYLT Course will be announced at a later date.

There will be a required Parent Informational Meeting that will be held on Saturday, January 12th at 2:30 pm for all new staff member's parents at Winter Camp. This meeting will conclude our first weekend of training and will

provide you with the opportunity to ask any questions and get any additional information about your commitment to NYLT. If your parent(s) is/are unable to make this meeting, they will need to contact me **before the January 07th information submittal deadline.**

Being on staff at NYLT is a wonderful way to put the leadership knowledge you acquired by attending the Course into action while also having lots of fun working with and making friends with other Scouts from all over. Please feel free to contact me if you have questions about any aspect of the commitment it takes to be a staff member. It is a wonderful opportunity as well as a big decision and I want to make sure that any questions you or your parents may have are answered before your commitment is made.

As a reminder, you will need to have completed the requirements for and have earned your leadership pin prior to the start of the second Staff Development weekend in March, 2019, to be considered for a staff position.

I am looking forward to hearing from you soon.

Yours in Scouting;

A handwritten signature in black ink, appearing to read "Glenn Swanson", with a long horizontal flourish extending to the right.

Glenn Swanson,
Course Director

Enclosures:
Staff Application/Contract
Staff Information Sheet – Personal
Allergy Fact Sheet



National Youth Leadership Training

Chippewa Valley Council

Glenn Swanson, Course Director

(715) 579-7652

gwseagle@gmail.com

As a 2019 NYLT staff member you will be expected to always set the proper example in your actions, attitudes and appearance. The NYLT participant patrol members will see you as the example of what is expected of them. Regardless of your age or rank, you are to treat all staff members as fellow Scouts and equals.

Staff preparation for the course will be completed during the Staff Development Weekends, Pre-Course Activities, and through your work at home. These times together are absolutely essential for the team building that is necessary for a successful Course. The dates are given below. By submitting your application you are committing to attend all of the activities and to participate in a manner that benefits yourself and the team equally.

Orientation and Staff Interviews:	January 11 – January 12 at Fort Rice
EDGE Training	Date and Location to be determined
Staff Development Weekend #1:	February 08 – February 10 at Fort Rice
Staff Development Weekend #2:	March 08 – March 10 at Fort Rice
Staff Development Weekend #3:	April 05 – April 07 at Winter Camp
Pre-Course Set Up:	June 01
Course Set Up:	June 07 – June 08
NYLT Course:	June 09 – June 15 (Noon)
Course Clean Up:	June 15 (Noon – 4 pm)

The location of the 2019 NYLT Course will be announced at a later date. The Staff Development Weekends start at 7:00 pm on Friday night.

NYLT Staff Expectations

As a 2019 NYLT staff member you will always be expected to create and maintain a safe environment for the patrol members, your fellow staff members, and visitors. A safe environment is a place where everyone feels physically and emotionally secure. There are several ways to create and maintain a safe 'haven':

- Set the example by always behaving as a Scout should; live the Scout Oath and the Scout Law each moment of each day to the best of your ability.
- Refuse to tolerate any kind of inappropriate put-downs, name-calling, or physical aggression.
- Communicate acceptance of each participant, staff member, and visitor through expressions of concern for them and by showing appreciation whenever possible.
- Create an environment based on learning and fun. Seek the best from all around you and strive to help each person achieve their personal best.

During the Staff Development sessions, you will be expected to meet certain objectives:

- To develop the knowledge, skills and attitudes that enables you to run a successful National Youth Leadership Training course where patrol members experience Scouting at its best.
- To participate in the group's effort to develop team spirit in an atmosphere of learning and fun.
- To create an atmosphere of friendship and fellowship charged with the spirit of Scouting that will carry you through the most difficult challenges.
- To set a high standard by always adhering to the principles of Scouting.

In addition, all NYLT staff members are expected to have and wear a complete Scout uniform including official Scout field uniform shirt, pants or shorts, belt, and socks. This application is not complete until your Scoutmaster and your parent/guardian have signed it agreeing to support you in your commitment to yourself, your fellow staff members, and this course.

Chippewa Valley Council NYLT 2019 Staff Application

Complete all parts below, obtain all signatures, and **RETURN BY January 07, 2019 TO:**

Glenn Swanson
621 Amy Lane
Eau Claire, WI 54701

NYLT Pledge

"On my honor as a Scout, I promise that I will live faithfully according to the Scout Oath and Scout Law during the NYLT course and all staff development meetings. I will represent my troop with honor and do all I can to set an example in knowledge, skills, and attitude as a staff member of the conference. I have reviewed the requirements and training schedule for the staff of this course and understand that I am making a commitment to attend all of the staff development weekends unless previously excused. I understand the time commitment involved and the high standards set for staff members. I am prepared to do my best."

My signature agreeing to the NYLT Expectations and Pledge: _____

Personal Information - Please Print Legibly!

Name: _____ My friends call me: _____

Address: _____ City _____ State _____ Zip _____

Date of birth ___/___/___ Phone (____) _____ Email _____

Troop _____ Current Rank _____ Years in Scouting _____ Troop leadership position _____

Scoutmaster Information - Please Print Legibly!

As Scoutmaster of Troop _____, I have read and understand the high expectations for NYLT staff members, and I give my support and approval for this application from Scout _____.

Printed name _____ Phone (____) _____ (daytime)

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ email address _____

Signature _____ Date _____

Parent/Guardian Information - Please Print Legibly!

As parent/guardian of Scout _____ I give my support and approval for this application. I will assist in getting him to all staff development training dates without fail and without late arrival or early departure. I understand the honor to him in this invitation and the commitment required.

Printed name _____ Home phone (____) _____

Business Phone (____) _____ email address _____

Signature _____ Date _____

Questions? For more information feel free to contact Glenn Swanson 2019 NYLT Course Director at

(715) 579-7652 or e-mail gwseagle@gmail.com.



Chippewa Valley Council National Youth Leadership Training Boy Scouts of America

Glenn Swanson, Course Director
621 Amy Lane, Eau Claire, WI 54701
715-579-7652 (Cell) gwseagle@gmail.com



Youth Staff Information Sheet-Personal

Last Name First Middle

With the assistance of your Scoutmaster please rate yourself on the following skills by circling the number on the scale that best describes your ability, with 5 being high (positive or yes) and 1 being low (negative or none).

Motivation – are you highly self-motivated?	1	2	3	4	5
Leadership – are you a natural leader?	1	2	3	4	5
Creativity – are you a source of new ideas?	1	2	3	4	5
Scout Spirit – are you enthusiastic about Scouting?	1	2	3	4	5
Showmanship – are you a performer? do you motivate others?	1	2	3	4	5
Work Ethic – do you work hard and get at it right away?	1	2	3	4	5
Teaching Ability – are you good at teaching other Scouts?	1	2	3	4	5
Responsibility – are you mature and reliable?	1	2	3	4	5

List Regular Camping Experiences

List High Adventure Camping Experiences

List Scouting Awards

List Sports, Clubs, Hobbies and Other Achievements

Complete the following statement: "I would be a good addition to the NYLT Staff because":

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.



List participant restrictions, if any: None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Part B: General Information/Health History

Full name: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

DOB: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date:
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	Last attack date:
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral/neurological disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	Last seizure date:
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Excessive fatigue	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date:
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	



Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

!

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

!

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____