

April 12, 2011

Dear WV HOBY Volunteer:

Thank you for volunteering your time for HOBY!

The HOBY West Virginia Leadership Seminar will take place June 2-5, 2011. The event will be held at West Virginia University, Morgantown, WV, with more than 160 sophomores in attendance. During the weekend, you will join "HOBY Ambassadors" from our state, as well as many other volunteers, to enjoy a unique leadership experience. We will present multiple viewpoints on important issues and encourage students to think critically about leadership, and also begin to identify their own particular leadership strengths. The seminar will be an enjoyable experience in a stimulating workshop environment. We tell Ambassadors that what they get out of the seminar will correlate directly with their level of participation in the activities, and you as a volunteer will help them interact to get the most of this experience.

Enclosed, please find several HOBY forms that require your attention, as well as some information you may like to have regarding the seminar. Please ensure that you thoroughly review and complete all of the forms and return them to Director of Facilitators, Benjamin Lafferty. You must return the following forms by **May 20, 2011**:

1. **Volunteer Confirmation Form**
2. **Medical History Records Form (2 pages)**
3. **Health Insurance Form**
4. **Consent & Acknowledgment of Risk Form**
5. **Notice of Privacy Practices**
6. **HOBY Code of Conduct**
7. **Complete the 2011 HOBY Online Volunteer application if you haven't done so this year**
8. **Staff Fee (if applicable)**

If you will be bringing medication with you, you must also complete the Medication Verification Form for Physicians and bring it with you on the first day of the seminar.

If you have any questions, please contact Ben at 304.692.7405 or benlafferty443@gmail.com. Please report to Brooke/Braxton Towers on **Wednesday, June 1, 2011, at 5 PM**. Staff training will begin at 6 PM. Should you have any problems while en route to the seminar, please call Ben or me. We are delighted to have you as part of this HOBY event and are grateful for the time and leadership you have volunteered!

Sincerely,



Justin L. Schooley
2011 WV HOBY Leadership Seminar Chair
304.671.2866 (c)

Information about the WV HOBY Seminar

SEMINAR OVERVIEW

- ☑ Date: Thursday, June 2, through Sunday, June 5, 2011.
- ☑ Check-in: Students may check-in between 10:30 am and 12:00 pm on Thursday, June 2.
- ☑ Location: West Virginia University, Morgantown, West Virginia

WEST VIRGINIA UNIVERSITY

Check-in will be in the Brooke/Braxton Towers Lobby. It is the entrance with the large circle. There is parking in both circles in front of the buildings.

Directions to Brooke/Braxton Towers on the Evansdale Campus of WVU are provided in this packet.

CELLULAR PHONE POLICY

Ambassadors & Staff with cellular phones must silence ringers and/or power off phones during the seminar. Cellular phone use is permitted in the rooms and during the evening social activities. Text messaging during panels and leadership activities will not be tolerated!

DRESS CODE

Dress is "Casual" throughout most of the seminar, except for the Leadership for Service Project and Closing Banquet/Ceremony. Even though the dress code is casual, please keep in mind that you will be interacting with key leaders from the community from business, government and volunteer organizations.

Here are some dress code DO's and DON'Ts:

DO's

- Practical, comfortable shoes.
- Layer up! Most of our meeting space is air-conditioned. We encourage you to pack a light sweater, jacket or sweatshirt in case you are chilly.
- Bring blue jeans or shorts, and shoes that you don't mind getting dirty during the community service project. We will provide t-shirts for you to wear during this activity.
- Bring your "Sunday Best" to wear for the Banquet and Closing Ceremony on Sunday. Men should wear pants, a shirt and tie. Women should wear a dress, skirt or dress slacks and blouse.

DON'Ts

- No see-through, mesh or fishnet garments.
- No backless, strapless, spaghetti straps, halter, low-cut or midriff tops.
- No underwear should be exposed at anytime.
- No excessively short skirts or shorts.

ACCOMODATIONS

Participants will be assigned to dorm rooms with two same gender participants per room on floors reserved exclusively for the seminar. The WV HOBY Seminar Staff will make room assignments.



WHAT TO BRING WITH YOU TO SEMINAR

You will need to supply all your personal hygiene items and apparel for the event. A checklist for packing is enclosed. We recommend that you leave valuables at home. The only money you will need is \$10 for a room key deposit, which will be refunded to you at the conclusion of the event. If you lose your key, take WVU items or cause damages, we will pass on the fee charged by WVU to you. You may also want to bring money to purchase souvenirs from the HOBY Store.

** Do not over pack! On Sunday morning you will be asked to pack and store your luggage in a secure, designated area during our morning and afternoon activities. Please be prepared to move your luggage on Sunday morning by yourself to potentially another campus building/location. We will provide some assistance, but staff will be packing and storing at the same time. This allows WVU to begin cleaning rooms for the next incoming group/guests.

FOOD AND SPECIAL DIETARY NEEDS

Everyone will receive nutritious breakfasts, lunches, and dinners. On the Medical History Records Form, please indicate any special dietary considerations and we will do our best to accommodate you.

Please note that **lunch will not be provided on Thursday**. Students should plan to eat before arriving on campus. The first meal on Thursday will be dinner. We will provide a mid-afternoon snack.

SIGHT FOUNDATION COMMUNITY SERVICE PROJECT

Each year Lions International collects and donates over a quarter of a million eyeglasses to countries around the world. West Virginia HOBY believes that by each of us doing our part to collect these frames and lenses, we can assist others in seeing a brighter future.

We need your help! Please take the time to collect as many eyeglasses (frames and lenses in tact) as possible, and bring them to check-in on June 2. With each student taking a moment to give back to the community in a small way, WV HOBY and the Lions Club can contribute in a big way! Start gathering eyeglasses today! Ask friends, teachers, and fellow students to look around their home for any unneeded eyewear. Bring them to HOBY, and make a difference for someone less fortunate.

IT WHAT TIME DOES THE SEMINAR END ON SUNDAY?

The Closing Ceremony is open to anyone that would like to attend. There is no charge for attending Closing Ceremony. The Closing Ceremony will begin at 2:00 pm on Sunday and will last approximately one hour. Staff (especially Operations Staff) should expect to be on campus for about an hour or so after the last ambassadors leaves—4 PM.

DIRECTIONS TO THE MOUNTAINLAIR ARE INCLUDED IN THE PACKET.

COMPLETE THE FORMS TODAY

The pre-seminar materials for the West Virginia HOBY Seminar are enclosed. Thoroughly review and complete each form with your parent(s)/guardian(s). Forms must be signed and notarized as instructed. All forms should be returned as soon as possible, but no later than **May 20, 2011**.

ALL FORMS SHOULD BE COMPLETED AND MAILED TO:

Benjamin Lafferty
1221 9th Street
Huntington, WV 25701



STAFF FEES

Operations and Junior Staff are required to pay a staff fee of \$100 in order to help cover some of the associated costs of the weekend such as room/board and meals. Staff may also raise the \$100 fee by obtain \$100 in Sponsor-A-Plate donations. Check may be made payable to WV HOBY. If you have questions about the staff fee please contact Benjamin Lafferty, Director of Facilitators.

STAFF SHIRTS

All HOBY Staff are required to wear WV HOBY Staff polo on Thursday, June 2, 2011. If you do not have a staff polo, the costs is \$20 for the shirt. Shirts will be distributed at staff training on Wednesday, June 1, 2011.

If circumstances arise that prevent you from attending the entire seminar, including overnight, we would like to give volunteer the opportunity to attend. Please notify the seminar staff IMMEDIATELY!

Thanks!

Benjamin Lafferty
Director of Facilitators
Phone: (304) 692-7405
E-mail: benlafferty443@gmail.com

Justin Schooley
Leadership Seminar Chair
Phone: (304) 267-3510, ext. 3267 (w)
(304) 671-2688 (c)
E-mail: justinschooley@aol.com



HOBY RULES AND REGULATIONS

So that this seminar may be conducted as smoothly and efficiently as possible, we ask that you observe the following rules. Any participant who does not abide by these rules and regulations will be dismissed from further participation. Your parents will be notified immediately of any violation of the Rules and Regulations, and they will be instructed to have you removed from the facility. Your school will also be notified of your dismissal from the program.

1. **YOU MUST MAKE A COMMITMENT TO STAY FOR THE ENTIRE SEMINAR, INCLUDING OVERNIGHT.** If you have a scheduling problem, notify us immediately.
2. You are expected to be on time for all seminar functions and attend all scheduled activities, including meals.
3. You must wear your HOBY nametag at all seminar functions.
4. No outside guests are allowed in or around the seminar facility except for closing ceremonies.
5. You must stay within your assigned buddy/group. If you must leave a session, gain permission from your senior group facilitator and wait for an adult staff member to escort you. No staff member is to leave the facility except for scheduled seminar events.
6. Room visitation by members of the opposite sex is not permitted.
7. No smoking, no drinking of alcoholic beverages and no unauthorized drug use is permitted.
8. No weapons, including but not limited to guns, knives (including pocket knives), pepper spray, mace, and similar items.
9. Any staff who has a medical problem that requires special care, treatment or medication must inform his or her group facilitator.
10. In case of emergency, contact your Director of Facilitators or come directly to the Operations Room. There are facilitators available 24 hours a day and they can be contacted at any time.
11. Lock your room door at all times, whether you are in it or not. Notify the security staff on-duty immediately if you need assistance.
12. Use the "Buddy System" when moving throughout the facility.
13. Staff are not permitted to use the telephone in their rooms for outside calls. For all outside calls, use public pay phones in the hotel/dorm lobby.
14. Payment for any extra charges billed to a room (i.e., lost keys, lost towels, movies, room service, etc.) will be the responsibility of all staff assigned to that room.
15. Staff are not allowed to make room changes. You must be in your assigned room at the announced curfew and must remain in such until the start of activities the next morning.
16. You must observe the morning wake up call, which will be one hour prior to the first scheduled activity each day.
17. Respect the rights of other facility guests and enter only those rooms and floors in which seminar-related activities are being held. Keep noise to a minimum.
18. Refrain from entering the Ambassador Rooms, except in case of an emergency.
19. Personal electronic/communication devices (iPods, MP3 players, Cell phones, handheld video games, laptop computers, iPads, etc.) are not allowed to be used during scheduled seminar functions. HOBY strongly discourages participants from bringing these devices to the seminar, if you do bring these items to the seminar; they are your sole responsibility.
20. The following attire is not permitted at any time: strapless/tube tops, tops with spaghetti straps, tank tops, bare midriffs, exposure of undergarments, short shorts, mini skirts, excessively tight clothing, clothing with profane or offensive language or graphics, torn clothing, and clothing with holes.
21. Conduct yourself with the highest level of decorum, morals, ethics, and conduct appropriate for a chosen representative of your school.

Seminar Packing Checklist

This is a comprehensive list of items that you may need or want during the course of the seminar. As former ambassadors and staff members, we know how difficult it can be to pack for your trip. We have compiled an extensive list of items that you may want to consider when packing.

Personal Hygiene Items

- | | |
|--|--|
| <input type="checkbox"/> after shave | <input type="checkbox"/> hairdryer |
| <input type="checkbox"/> conditioner | <input type="checkbox"/> hairspray/gel |
| <input type="checkbox"/> contact lenses | <input type="checkbox"/> lotion |
| <input type="checkbox"/> contact lens case | <input type="checkbox"/> make-up |
| <input type="checkbox"/> contact lens cleaner/saline | <input type="checkbox"/> medication |
| <input type="checkbox"/> curling iron | <input type="checkbox"/> mouthwash |
| <input type="checkbox"/> dental floss | <input type="checkbox"/> razor |
| <input type="checkbox"/> deodorant | <input type="checkbox"/> re-wetting drops for contacts |
| <input type="checkbox"/> feminine hygiene products | <input type="checkbox"/> shampoo |
| <input type="checkbox"/> glasses | <input type="checkbox"/> shaving gel/cream |
| <input type="checkbox"/> gum | <input type="checkbox"/> soap/shower gel |
| <input type="checkbox"/> hair accessories | <input type="checkbox"/> tissues |
| <input type="checkbox"/> hairbrush/comb/pick | <input type="checkbox"/> toothbrush |
| | <input type="checkbox"/> toothpaste |

Wearables

- clothes and accessories (variety including jeans, shorts, sweatshirts, pajamas, belt, etc.)
- shorts/pants and appropriate shoes for our community service project (appropriate for outdoor work). A t-shirt will be provided.
- dress clothes and shoes for the banquet on Sunday ("Sunday Best")
- robe (you may want this on the journey from the shower to your room)
- slippers (see robe)
- socks (pantyhose as well)
- underwear

The Other Stuff

- alarm clock
- bed linens – sheets (single/twin size), blankets or sleeping bag, & pillow cases
- pillow
- bath Towels
- bookbag
- camera (and don't forget the film and batteries)
- flashlight
- money (key deposit \$10 and money for the HOBY Store)
- pen and paper (you never know when you may need them)
- pillow (optional)
- snacks (you may want a little something in your room for the late night munchies)
- sunglasses
- umbrella or raincoat
- small fan (OPTIONAL)
- prescription medication & Medication Verification Form for Physicians

DIRECTIONS TO WVU



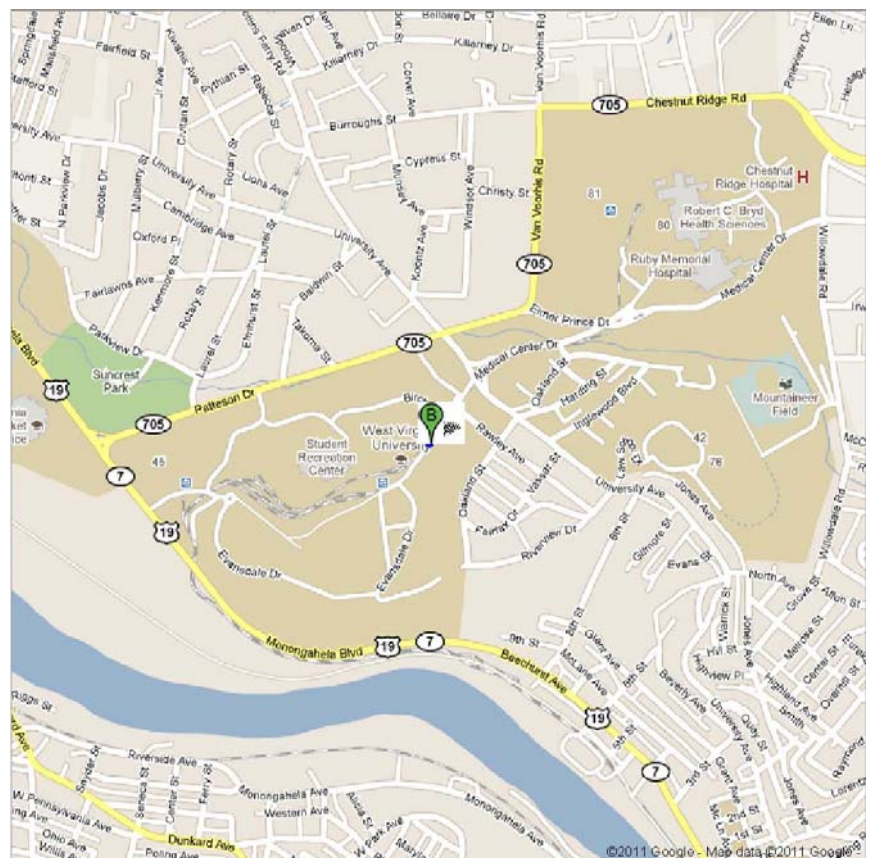
**Directions to the Braxton/Brooke Towers at WVU
Evansdale Residential Complex - (Bennett, Lyon, Braxton, & Brooke Towers) (304) 293-2814**

Directions from Interstate 68

1. Exit I-68 at exit 7 (Pierpont Road).
 - I-68 westbound turn right at end of exit ramp.
 - I-68 eastbound turn left at end of exit ramp.
2. After passing through the first traffic light (Exxon on left; shopping center on right) move to left lane.
3. At 2nd traffic light (bottom of hill) turn left on to Rt. 119 South.
4. Stay in right lane and continue through traffic light at the top of the hill (Back Bay Restaurant is on right; Morgantown Municipal Airport is on left).
5. At next traffic light, turn right on to Rt. 705 west.
6. Continue through next four traffic lights moving into left lane.
7. At fifth traffic light turn left on to Van Voorhis Road (at intersection just past Hardees on right; BB&T bank on corner).
8. Continue on this road to second traffic light (yellow Copy Center sign on left corner).
9. Turn left at this traffic light on to University Avenue.
10. At next traffic light, turn right on to Evansdale Drive.
11. Drive one block to Bennett, Lyon, Braxton, and Brooke Towers.

Directions from Interstate 79

1. Exit I-79 at exit 155 Star City).
 - o I-79 southbound turn left at end of exit ramp.
 - o I-79 northbound - follow exit ramp as it curves to the right.
2. Stay in right lane and follow road through the traffic light as it curves to the right by Sheetz convenience store.
3. Cross over the Star City bridge.
4. At the traffic light at the top of the hill by the WVU Coliseum, turn left on to Rt. 705 east.
5. At the second traffic light (just past Kroger grocery store), turn right on to University Avenue.
6. At next traffic light, turn right on to Evansdale Drive.
7. Drive one block to Bennett, Lyon, Braxton, and Brooke Towers.



Driving Directions - Mountainlair

From Pittsburgh and Points North Traveling on I-79 South

1. Take the first exit in WV (Star City Exit 155), turn left at the end of the exit ramp.
2. Follow the road until you come to Sheetz Convenience Store on your right. You will go through 2 traffic lights
3. Cross the Star City Bridge.
4. Continue straight until you go through 4 more lights
5. Turn left at the 5th traffic light.
6. Turn left onto Campus Drive, go to the traffic light at the top of the hill. Turn right onto University Avenue. The road will curve down and then up. As you come to the top of the hill you will be entering the main part of the downtown campus.
7. Prepare for a left turn onto College Avenue (as you turn you will see the WVU Bookstore in front of you).
8. The first right (see blue parking sign) is the entrance to the upper level of the parking garage. There are entrances to the Mountainlair from the garage. As you enter, you will be at the back of the the Mountainlair.

From Charleston and Points South Traveling on I-79 North

1. From I-79, take I-68, then take the first exit onto University Avenue and Route 119.
2. At the end of the ramp, turn left at the light.
3. Follow University Avenue/Rt 119 North to the 10th traffic light. This will be a few miles.
4. At the 10th traffic light, turn right onto Campus Drive, go to the traffic light at the top of the hill.
5. Turn right onto University Avenue. The road will curve down and then up. As you come to the top of the hill you will be entering the main part of the downtown campus. Prepare for a left turn onto College Avenue (as you turn you will see the WVU Bookstore in front of you). The first right (see blue parking sign) is the entrance to the upper level of the parking garage. There are entrances to the Mountainlair from the garage. As you enter, you will be at the back of the Mountainlair.

From Maryland, DC, Etc., Traveling on I-68 East/West

1. Take the last exit before I-79, onto University Avenue and Route 119.
2. At the end of the ramp turn left (no light).
3. Follow University Avenue/Rt 119 North to the 10th traffic light. This will be a few miles.
4. At the 10th traffic light, turn right onto Campus Drive, go to the traffic light at the top of the hill.
5. Turn right onto University Avenue. The road will curve down and then up. As you come to the top of the hill you will be entering the main part of the downtown campus. Prepare for a left turn onto College Avenue (as you turn you will see the WVU Bookstore in front of you). The first right (see blue parking sign) is the entrance to the upper level of the parking garage. There are entrances to the Mountainlair from the garage. As you enter, you will be at the back of the Mountainlair.



Pre-Seminar Packet Checklist

PLEASE COMPLETE THE FOLLOWING CHECKLIST AND RETURN IT WITH YOUR REGISTRATION MATERIALS.

(Read and Initial each item)

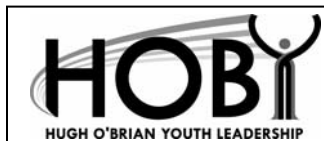
- ____ 1. I read the cover letter and shared it with my parent(s) or guardian(s).
- ____ 2. I read the Rules and Regulations and agree to follow these rules in order to participate in the 2011 West Virginia HOBY Seminar.
- ____ 3. I reviewed the Seminar Packing Checklist.
- ____ 4. **I completed the Participant Confirmation Form. (1 of 6)**
- ____ 5. **The Record of Medical History Form has been completed and signed by my parent(s) or guardian(s). (2 of 6)**
- ____ 6. I reviewed the Policy for Medication Use During a HOBY Event.
- ____ 7. If applicable, the Medication Verification Form has been completed by a physician. (Bring form with medication with you to the Seminar [3 of 6])
- ____ 8. **The Health Insurance Form has been completed and signed by my parent(s) or guardian(s). (4 of 6)**
- ____ 9. **The Consent & Acknowledgement of Risk Form has been completed, signed by my parent(s) or guardian(s) and notarized. (5 of 6)**
- ____ 10. **The Notice of Privacy Practices Form has been reviewed, completed, and signed by my parent(s) or guardian(s). (6 of 6)**

Print Your Name: _____

Signature: _____

Please return the **BOLDED** items along with this checklist to:

Benjamin Lafferty
1221 9th Street
Huntington, WV 25701



Please return this form by **May 20, 2011** to:
Ben Lafferty
 1221 9th Street, Huntington, WV 25701
 304.692.7405 or benlafferty443@gmail.com

Participant Confirmation Form

(Please type or print legibly)

Mr. / Ms. _____
(Last name) (First name)

Preferred name for nametag: _____ Gender: Male Female

Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip code: _____

Home Telephone Number: (_____) _____ Email: _____
Area Code

High School You Will Represent: _____

T-Shirt Size: S / M / L / XL / XXL / XXXL

Do you need a WV HOBY Staff Polo Shirt? The cost will be \$20 for the polo. YES NO

Newspaper Name: _____ City: _____

Travel Information

Participant will arrive at the HOBY Leadership Seminar by: CAR BUS TRAIN PLANE

If traveling by car, participant will be driven by (name of driver): _____

Cell phone number: (_____) _____ OR _____ Participant will be driving him/herself to the seminar.
Area Code

Note: Participants that drive themselves to the seminar are required to surrender their car keys upon arrival; they will be returned at the conclusion of the seminar.

Parents: HOBY strongly discourages students from driving themselves to and from the seminar; students are typically very tired by the end of the weekend.

If traveling by bus, train, or plane – Name of Carrier: _____

Bus/Train/Flight Number: _____ Arrival Date: _____ Arrival Time: _____ AM / PM

How will student be transported between bus/airport/train station and seminar facility? _____

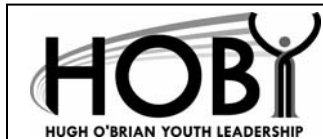
If departure plans are different, please explain: _____

If departing by bus, train, or plane – Name of Carrier: _____

Bus/Train/Flight Number: _____ Departure Date: _____ Departure Time: _____ AM / PM

I UNDERSTAND THAT ALL TRANSPORTATION TO AND FROM THE SEMINAR FACILITY IS MY RESPONSIBILITY. THIS INCLUDES RESPONSIBILITY FOR MY SON OR DAUGHTER DURING ANY CONNECTION FLIGHTS, BUS TRANSFERS, OR IN BETWEEN MODES OF TRANSPORTATION.

Signature of Parent/Legal Guardian: _____ Date: _____



Please return this form by **May 20, 2011** to:
Ben Lafferty
 1221 9th Street, Huntington, WV 25701
 304.692.7405 or benlafferty443@gmail.com

Medical History Records Form

(Please type or print legibly)

Dear Participant:

For our records, and for your protection, please have your parent or legal guardian complete this form in its entirety. Please provide ALL requested information and obtain the signature of your parent or legal guardian.

PARTICIPANT PERSONAL INFORMATION

Last name		First name		Middle initial	
Gender		Date of birth		Place of birth	
(Area code) Telephone number			High school/Institution participant represents		
Participant's permanent street address					
City		State		Zip code	

EMERGENCY CONTACT INFORMATION

Last name		First name		Relationship to participant	
(Area code) Primary telephone number			(Area code) Secondary telephone number		
Name of family physician			(Area code) Physician telephone number		

PARTICIPANT PERSONAL MEDICAL HISTORY

Please check the following diseases the participant has had in the past:

- | | | |
|---|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> German Measles (Rubella) | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Pneumonia | |

Check the following conditions the participant has had or are subject to now:

- | | | |
|---|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Nose Bleed |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Difficulty Sleeping |
| <input type="checkbox"/> Bleeding tendencies | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Upset stomache |
| <input type="checkbox"/> Emphysema/ Bronchitis | <input type="checkbox"/> Headache | <input type="checkbox"/> Vision Loss |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine | |

What treatments or medications (if any) does the participant require for any of the above conditions? _____

Has the participant ever been hospitalized or had serious illnesses? If so, please explain in detail; use additional sheet if necessary. _____

If there are any limitations on the amount of physical exercise the participant can engage in, please describe and explain (use additional sheet of paper if necessary): _____

Please list allergies (insect stings, plants, etc.): _____

Medical History Records Form (page 2)

Please check all that apply with respect to dietary restrictions:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> I Eat Everything, no restrictions | <input type="checkbox"/> No Pork Products | <input type="checkbox"/> Kosher | <input type="checkbox"/> Shell-Fish Allergy |
| <input type="checkbox"/> Lacto-Ovo Vegetarian | <input type="checkbox"/> No Red Meat | <input type="checkbox"/> Hillel | <input type="checkbox"/> Other (Please Specify): _____ |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Lactose Free | <input type="checkbox"/> Peanut Allergy | _____ |
| <input type="checkbox"/> Diabetic Diet | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> All Nut Allergy | _____ |

MEDICATION

Please list any medications the participant has allergic reactions to (penicillin, sulfa drugs, tetanus antioxin, etc.) and what the reaction is:

Please list any prescription medications the participant is taking, including: (1) name and type of medication; (2) condition for which medication is being prescribed; and (3) dosage information. Please also list any non-prescription medication the participant takes regularly. **Please read HOBY's Policy for Use of Medication During a HOBY Event and have the participant bring a doctor's note or completed Medication Verification Form for Physicians to the seminar.** By signing this form, you attest that the use of the medication will not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

Please mark the below over-the-counter medications that you approve to be administered to your child by HOBY:

- | | |
|---|---|
| <input type="checkbox"/> ibuprofen (such as Advil, Motrin) | <input type="checkbox"/> decongestant (please specify if a specific decongestant is necessary: _____) |
| <input type="checkbox"/> acetaminophen (such as Tylenol) | <input type="checkbox"/> antibiotic ointment (such as Neosporin, Polysporin, Bacitracin) |
| <input type="checkbox"/> diphenhydramine (such as Benadryl) | <input type="checkbox"/> eye drops (such as artificial tears or saline) |
| <input type="checkbox"/> naproxen (such as Aleve) | <input type="checkbox"/> Gas-X |
| <input type="checkbox"/> throat lozenges | <input type="checkbox"/> other (please specify: _____) |
| <input type="checkbox"/> Pepto Bismol | |
| <input type="checkbox"/> loperamide (such as Imodium) | |

IMMUNIZATIONS

Please list the type of illness the participant has received immunizations for:

Type of Illness:	Approximate Date(s) of Immunization:
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> DPT (Diphtheria, Pertussis, Tetanus)	
<input type="checkbox"/> Tetanus booster (Please indicate date of last booster)	
<input type="checkbox"/> Hib (Haemophilus influenzae type B)	
<input type="checkbox"/> Polio	
<input type="checkbox"/> MMR (Measels, Mumps, Rubella)	
<input type="checkbox"/> Chicken pox (Varicella)	
<input type="checkbox"/> Influenza (Flu shot)	
<input type="checkbox"/> Pneumonia (Pneumococcal)	
<input type="checkbox"/> Meningitis (Meningococcal)	
<input type="checkbox"/> Smallpox	
<input type="checkbox"/> Typhoid	

I verify that all information provided in this Medical History Records Form is complete and accurate.

I hereby give my permission to HOBY to store the above prescription medication listed to my child. I understand and have discussed with my child that it is the responsibility of my child to take the medication as directed by his or her physician while at a HOBY event. I also give permission for HOBY to administer over-the-counter medications that I have approved above that may be necessary to treat minor conditions. I understand that if HOBY deems necessary, they will take my child to a hospital or other medical facility for more intensive treatment. I understand that all HOBY staff, volunteers and HOBY, as an organization, are not liable for any adverse affects that may occur due to this medication and they are not liable in the possibility that a child misses a prescribed dose or in the event the medication is administered incorrectly. I also state that all the above information is complete and accurate and any misapplication of medication due to inaccurate, incomplete, or unreadable information is not the responsibility of HOBY. I also understand that the HOBY staff, volunteers and HOBY, as an organization, are not responsible if my child fails to present themselves at the announced places/times to take the above specified medication.

Signature of Parent/Legal Guardian: _____ Date: _____

☒ Signature of Participant: _____

Date: _____

Policy for Use of Medication During a HOBY Event



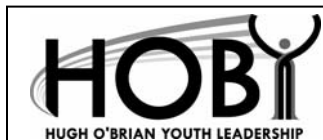
If a minor or adult participant is required to take medication during a HOBY event, including the HOBY Leadership Seminar, he/she must comply with the following guidelines:

1. HOBY volunteers will not dispense prescription medication for participants during the event.
2. Any participant bringing prescription medication to the event must submit a doctor's note or completed Physician Medication Verification Form to HOBY, preferably in advance or at the event check-in, detailing the following:
 - a. The name and type of medication.
 - b. The condition for which the medication is being prescribed.
 - c. Dosage information.
 - d. Attestation that use of the medication will not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

This information is necessary to provide medical personnel in the case of emergency and the participant is unable to communicate the information. All prescription medication must be submitted to HOBY in its original container as labeled by the pharmacy. HOBY will store required medications in a locked facility. The medications a participant may be allowed to keep in his/her possession is any asthma medications (inhalers, oral steroids, etc.), birth control pills, acne medication, any topical medications, allergy medications, medications for treatment of diabetes (insulin, etc.) and EpiPens, as well as any other prescription medication required by the doctor to be in their possession at all times. But there will need to be a doctor's note completed and on file for all medication brought to the event, whether stored or not.

If a participant fails to advise HOBY that he/she is taking prescription medication, is not taking the medication as prescribed, and/or has stopped taking prescription medication, HOBY reserves the right to send the participant home at the participant's guardian or parent's expense.

3. If the participant has a medical condition that requires any assistance, the assistance must be provided or contracted directly by the participant or his/her parent/guardian. Under no circumstances will a HOBY volunteer help with dispensing medication. If help is needed on an emergency basis, emergency personnel will be contacted.
4. Proper administration and dosage of medication shall be the sole responsibility of the participant. HOBY will have no responsibility in seeing that the participant takes the medication as prescribed by the doctor.
5. Participants should only bring as much medication as will reasonably be needed during the event.
6. Participants are prohibited from sharing their personal medication with another participant. Conversely, participants are prohibited from accepting medication from anyone, other than HOBY medical staff.
7. Any participant bringing illegal drugs, narcotics, misused prescription drugs and/or mood altering substances or alcoholic beverages to a HOBY event, using them on HOBY premises or dispensing or selling them on HOBY premises will be subject to disciplinary action, including automatic expulsion from the event. The discharged participant will be responsible for any charges/fees incurred as a result of leaving the event early (i.e. change in airfare, taxi, etc.). HOBY has a very strict/no-tolerance policy when it comes to drugs.



Please return this form by *May 20, 2011* to:
Ben Lafferty
 1221 9th Street, Huntington, WV 25701
 304.692.7405 or *benlafferty443@gmail.com*

Medication Verification Form for Physicians

(Please type or print legibly)

(This form is to be completed by the participant's prescribing physician. If the participant has more than one prescribing physician, then each physician will need to complete a form. Please type or print legibly.)

1. Name of Participant/Patient: _____
2. Prescribing Physician Name: _____
3. Prescribing Physician Medical License Number and State where licensed: _____
4. Please complete the chart below for the medications which you have prescribed to the participant.

Name of Medication	Type of Medication	Condition for Treatment	Dosage	Frequency

5. Please affix physician's business card or voided prescription in the space below.

As the prescribing physician, I attest that the use of the medications prescribed by me, and taken as directed as listed above, should not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

Signature of Prescribing Physician: _____ Date: _____



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Health Insurance Form

(Please type or print legibly)

1. Name of Participant: _____
2. Health insurance plan name: _____
3. Health insurance plan number: _____
4. Health insurance group number: _____
5. Check here if participant is not covered by a health insurance plan.
6. Name of parent or legal guardian: _____
(Last) (First)
7. Emergency contact telephone number: _____
(Area Code)

Signature of Parent/Legal Guardian: _____ Date: _____



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Consent & Acknowledgement of Risk Form

(Please type or print legibly)

Participant's Name: _____

Event/Activities: West Virginia HOBY Leadership Seminar

Dates: June 2-5, 2011 Location: West Virginia University, Morgantown, WV

IN CONSIDERATION of the right to attend and participate in the Activities described above, the Participant (and, if the Participant is a minor, his or her parent or legal guardian) hereby:

- 1) Agrees to abide by all rules and regulations established by Hugh O'Brian Youth Leadership (HOBY);
- 2) Authorizes HOBY or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
- 3) Grants to HOBY for any purpose connected with promoting the purposes and goals of HOBY, but not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings of the Participant while he or she is participating in the Activities, and any biographical information submitted by the Participant to HOBY, and to use, reproduce, publish, and distribute the same;
- 4) Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the Activities; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds HOBY harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys' fees incurred or suffered by HOBY as a result of, or arising out of, the Participant's negligence or misconduct;
- 5) Agrees to immediately advise in writing the person in charge of the HOBY event and/or HOBY International of any injury, illness, or loss that occurs to the Participant during the event;
- 6) This Consent and Acknowledgment of Risk shall not be amended, supplemented, or abrogated without the written consent of HOBY's International Office in Los Angeles, California;
- 7) The Participant (and, if the participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of Risk, and understands its contents.

Signature of Participant: _____ Date: _____

IF PARTICIPANT IS A MINOR, SIGNATURE OF HIS OR HER PARENT/LEGAL GUARDIAN IS REQUIRED:

Name of Parent/Legal Guardian: _____ Phone: _____

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

Signature of Parent/Legal Guardian: _____ Date: _____

TO BE NOTARIZED

STATE OF _____ COUNTY OF _____

On _____ before me the undersigned, a Notary Public in and for said _____ State, personally appeared _____, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged that executed the same.

WITNESS my hand and official seal.

Signature: _____ Name: _____

Affix Notary Seal in this space:



Please return this form by **May 20, 2011** to:
Ben Lafferty
 1221 9th Street, Huntington, WV 25701
 304.692.7405 or benlafferty443@gmail.com

Notice of Privacy Practices

WE PROVIDE THIS NOTICE TO DESCRIBE HOW MEDICAL INFORMATION ABOUT YOUR CHILD OR DEPENDENT MAY BE USED AND DISCLOSED. PLEASE REVIEW THE BELOW INFORMATION CAREFULLY AND IF YOU AGREE, PLEASE EXECUTE THE ATTACHED AUTHORIZATION.

We understand the importance of privacy and are committed to maintaining the confidentiality of your child or dependent's medical information. We may preserve the medical disclosure information ("medical information") concerning your child or dependent provided by you to HOBY for up to seven years. We use and retain these records to provide or enable health care providers to provide quality medical care to your child or dependent in the event of an emergency. This notice describes how we may use and disclose your child or dependent's medical information. It also describes your rights, the rights of your child or dependent, and our legal obligations with respect to your child or dependent's medical information.

A. How HOBY May Use Or Disclose Your Child Or Dependent's Medical Information

HOBY collects health information about your minor child or dependent and stores it in a file and on a computer. These files are the property of HOBY, but the information belongs to you and your child or dependent. The law permits us to use or disclose your child or dependent's medical information for the following purposes:

1. Treatment. In the event of an emergency, we will provide medical information about your child or dependent to the appropriate health care provider to provide for the medical care of your child or dependent. We may also disclose medical information to members of your family or others who can help your child or dependent if you are not available.
2. Awareness. We may also provide medical information about your child or dependent to HOBY employees and/or volunteers to the extent necessary.
3. Alumni Activities. We may provide medical information about your child or dependent to HOBY employees and/or volunteers in connection with alumni activities or events in which your child or dependent may be a participant.
4. Limited Disclosure. We will limit the use and disclose of medical information about your child or dependent as detailed below.

B. When HOBY May Not Use Or Disclose Medical Information

Except as described in this Notice of Privacy Practices, HOBY will not use or disclose health information which identifies your child or dependent without your written authorization.

C. Your Health Information Rights

1. Request for Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by way of a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision.
2. Copy of Notice. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact Hugh O'Brian Youth Leadership at 818-851-3980.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received.

E. Questions or Complaints

Questions or complaints about this Notice of Privacy or how HOBY maintains the medical information of your child or dependent should be directed to Hugh O'Brian Youth Leadership at 818-851-3980.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of the Notice of Privacy Practices.

Signature of Parent/Legal Guardian: _____ Date: _____

Name of Participant: _____