2021

GEM Summer Leadership Academy Application

#LIT2021

Boys Program: (Tuesdays) July 13th – August 12th
Girls Program: (Wednesdays) July 14th – August 12th
Co-Ed Program: (Thursdays) July 14th - August 12th

Field Trips will take place on Thursdays

Summer Leadership Academy Hours: 9am to 3pm
Summer Camp Guidance

By: Best Starts for Kids

With more blue skies and school activities beginning to wind down, many of us are thinking about summer activities for children and youth. Amidst COVID-19, we know that both parents and providers have been anxious to know what this summer will look like for our children. DOH recently released state-level guidelines for Child Care, Youth Development, and Summer Day Camps that give us a framework for what parents can expect and help providers put provisions in place to give children and youth positive options for growing and learning this summer. The King County face covering directive also applies. We all are looking forward to seeing the creative ways families, children and youth-serving organizations work together to keep everyone healthy and thriving!

Key Takeaways

- The types of camps and programs included in this guidance are allowed to operate during all phases.
- Group sizes should total no more than 10 people.
- Physical distancing should be observed during camp activities and drop off/pick up.
- Health screenings should be conducted upon arrival.
- More guidance is coming including guidance on youth sports activities.

Face Coverings

Everyone who can wear a face covering should so that we can get the most possible community protection. Staff and youth 13+ are strongly encouraged to wear a face covering if they cannot maintain 6 feet of distance from others. However, some people do not need to follow the face covering directive including:

- Babies and toddlers under 2
- Children ages 2-12 years

Babies and toddlers under 2 should never wear a face covering as it is a suffocation risk. Children ages 2-12 should only wear a face covering if they will tolerate wearing one and if a parent or caregiver supervises to make sure it’s worn safely. It is better that a child go without a face covering than to have them wear one improperly. Wearing a face covering properly is hard for all of us and can be especially challenging for young children. If a face covering is not worn properly or if it causes more face touching, the effort is less beneficial.

Additional Resources

- CDC Decision Tree for Youth Programs and Camps during the COVID-19 Pandemic
- American Camp Association Summer 2020 Guide
Youth Leader information (completed by student)

Name: First __________________________ MI _____________ Last _____________________________

Street address ____________________________________________ Apt/unit # ___________________

City _________________________________________ St _______ Zip ___________________________

Home phone: ___________________________________ Cell phone: _____________________________

Email Address: ________________________________________________________________________

Date of birth (mm/dd/yy): _______________________ Age: _____________ Gender (circle one) M    F

Current School: ________________________________ Grade _____________ School ID ____________

School attending in the 2021/2022 school year ______________________________________________

<table>
<thead>
<tr>
<th>Race/Ethnicity (circle all that apply)</th>
<th>Do you have an Individualized Education Plan (IEP)?</th>
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<tr>
<td>Hispanic/Latino</td>
<td>Yes</td>
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<tr>
<td>White</td>
<td>No</td>
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<tr>
<td>Black/African American</td>
<td>If yes, which school district: _________________</td>
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<tr>
<td>American Indian or Alaskan Native</td>
<td>When was it last updated? ______________________</td>
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<td>Asian</td>
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<tr>
<td>Native Hawaiian/Pacific Islander</td>
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<td>Other _______________________________</td>
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Do you participate in another Mentoring Program?

Yes  If yes, please name: __________________________

No

Primary home Language

English       Spanish

Other __________________________

Secondary home language _______________________

Do you consider yourself a leader?

Yes          No

Using one word, describe yourself:
This section to be filled out by Parent/Guardian

Parent/Guardian I

| Name: ________________________________ |
| Address: ____________________________ |
| City: __________________ ST: _____ ZIP: ______ |
| Home Phone: __________________________ |
| Work Phone: __________________________ |
| Cell Phone: __________________________ |
| Email: ________________________________ |

Parent/Guardian II

| Name: ________________________________ |
| Address: ____________________________ |
| City: __________________ ST: _____ ZIP: ______ |
| Home Phone: __________________________ |
| Work Phone: __________________________ |
| Cell Phone: __________________________ |
| Email: ________________________________ |

I live with:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Youth Leader</th>
<th>Employed (Y/N)</th>
<th>One-word description of your relationship with them</th>
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Is your family considered homeless?  YES  NO
**Student Commitment**

If accepted into the program, I, ________________________________ (youth leader) commit to:

(Please initial)

- Attending all sessions with the intent of participating and engaging in conversations, workshops, and field trips.
- Developing personal habits to support my personal academics.
- Participating in 2021 GEM Leadership Academy.
- Treat other GEM Leadership Academy students, staff, and myself with respect as well as maintain a positive representation of the program.

**Parent/Guardian Commitment**

If my child is accepted into the program, I, ________________________________ (Parent/Guardian) commit to fully supporting my child’s participation in the GEM Leadership Academy by:

(Please initial)

- Participating, along with my child, in an enrollment orientation session with the GEM Leadership Academy learning facilitators.
- Ensuring my child’s participation and attendance in the 2021 GEM leadership academy.
- Communicating with the GEM Leadership Academy learning facilitators as needed to support my child’s success.

I agree to pay in acknowledgement $30.00 in full on or before July 2nd, 2021. Enrollment fee must be paid in full by July 2nd, 2021 in order for my youth leader to attend on the first day. I understand that the maximum capacity is 12 girl & 12 boy participants and if not paid in full by the deadline your child’s spot will be forfeited.

Parent/Guardian Signature: ________________________________ Date: ______________

**Statement of Commitment**

*We understand that GEM Leadership Academy is a grant funded program that provides services around leadership and advocacy for the empowerment of youth. We will demonstrate leadership, advocacy, and resiliency during this summer leadership program and will adhere to the expectations stated above. We understand the GEM Leadership Academy is a 5-week program, attendance and participation is necessary to be successful in this program.*

Printed Name of Youth Leader: __________________________________________________________

Signature: ________________________________ Date: ______________

Printed Name of Parent/Guardian: _______________________________________________________

Signature: ________________________________ Date: ______________
2021/2022 Parent Release Form for School Site Visit

I, the undersigned, do hereby grant permission to GEM Mentoring to visit the school of my child, __________________________(child’s name), as marked by my selection(s) below. Such visits include one-on-one meetings, in-school visits if a background check is needed and registered as a school volunteer. For mentoring purposes to ensure the student is achieving success academically access to my child’s school records such as transcripts, behavioral records, and attendance records if the school allows it. I understand personal information can’t be accessed unless authorized by the parent and school district and GEM Mentoring will not be allowed to access information without consent from both parties.

(Please check all that apply)

_____ One-on-one visits from approved GEM Mentors.

_____ Grant permission to access my child’s school records if approved (mark all that apply):

        _____ Transcripts
        _____ Attendance Data
        _____ Behavioral Data
        _____ Other

_____ I DO NOT give permission for GEM Mentoring program to visit my child’s school


Parent/Guardian Signature: __________________________________________ Date: ______________
GEM Leadership Academy Field Trip Release Form

Transportation will be provided by GEM and will depart as well as arrive back at the GEM office for all field trips. We ask that you allow your child to attend these trips with the understanding that for them to attend they must have their emergency contact and medical information forms completed.

Youth Leader Participation Rules and Expectations

1. Be on time.
2. Follow the rules and guidelines of the GEM Leadership Team and the organization hosting the field trip.
3. Maintain a respectable noise level and respect property of any visited facility or site.
4. No possession of any alcohol or drugs of any kind.
5. Use of electronics is acceptable as long as it is not disruptive or a distraction.

Youth leaders will be sent home and require immediate pick-up at the location of the field trip for unacceptable behavior.

Parent Agreement:

I give permission for ____________________________________________ (child’s name) to participate in the GEM Leadership Academy field trips. We have reviewed and understand the “Youth Leader Participation Rules and Expectations” set by the GEM Leadership Academy. If my child fails to comply with the above expectations while on the trip, I understand that he/she may result in suspension from further activities. Also, under such circumstances, the supervision staff member of his/her designee will notify me immediately and I will be responsible for pick-up.

Parent/Guardian Printed Name: __________________________________________________________

Parent/Guardian Signature: ___________________________ Date: ______________
Emergency Contact and Medical Information

<table>
<thead>
<tr>
<th>Child’s Name: __________________________</th>
<th>DOB: ___________</th>
<th>GENDER: M  F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian’s Name:</td>
<td>Parent/Guardian’s Name:</td>
<td></td>
</tr>
<tr>
<td>Home Phone: __________________________</td>
<td>Home Phone: __________________________</td>
<td></td>
</tr>
<tr>
<td>Work: ________________________________</td>
<td>Work: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Cell: ________________________________</td>
<td>Cell: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Address: ____________________________</td>
<td>apt #: ______</td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP: ____________________</td>
<td>apt #: ______</td>
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</tr>
</tbody>
</table>

Alternative Emergency Contacts
(can not be anyone named above)

<table>
<thead>
<tr>
<th>Primary Emergency Contact:</th>
<th>Secondary Emergency Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone: __________________________</td>
<td>Home Phone: __________________________</td>
</tr>
<tr>
<td>Work: ________________________________</td>
<td>Work: ________________________________</td>
</tr>
<tr>
<td>Cell: ________________________________</td>
<td>Cell: ________________________________</td>
</tr>
<tr>
<td>Address: ____________________________</td>
<td>apt #: ______</td>
</tr>
<tr>
<td>City, State, ZIP: ____________________</td>
<td>apt #: ______</td>
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</tbody>
</table>

Medical Information

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<tr>
<th>Hospital Preference: __________________________</th>
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<tbody>
<tr>
<td>Physicians Name: ____________________________</td>
</tr>
<tr>
<td>Insurance Company: ____________________________</td>
</tr>
<tr>
<td>Allergies/Special health conditions/considerations:</td>
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</table>

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only if neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature: __________________________ Date: ____________

I give permission for my child to go on field trips. I release GEM and individuals from liability in case of accident during activities related to GEM, if normal safety procedures have been taken.

Parent/Guardian Signature: __________________________ Date: ____________
Witness Signature: __________________________ Date: ____________
COVID 19 Protocol

1. Masks must be worn at all times.
   a. Anyone refusing to wear a mask without a note from a physician will be subject to immediate dismissal.

2. All parents must pick up and drop off their child in front of the building
   a. Due to covid occupancy guidelines GEM would like to minimize the traffic in and out of the building.

3. If your child has any COVID 19 symptoms, keep your child home. If your child displays any symptoms, your child will be subject to immediate dismissal. Your child may be subject to a covid 19 test to return to camp. GEM has the right to request a negative COVID 19 test result to return.
   a. Fever or chills
   b. Cough
   c. Shortness of breath or difficulty breathing
   d. Fatigue
   e. Muscle or body aches
   f. Headache
   g. New loss of taste or smell
   h. Sore throat
   i. Congestion or runny nose
   j. Nausea or vomiting
   k. Diarrhea

4. All persons entering/exiting the building will be required to a pre-screening.
   a. Temperature check
   b. Sign in and out

5. Only student leaders will be allowed to enter the building, all others must make an appointment.

Failure to comply with the above will result in immediate termination from Summer Leadership Academy.

Printed Name of Youth Leader: ________________________________
Signature: ________________________________ Date: ________________

Printed Name of Parent/Guardian: ________________________________
Signature: ________________________________ Date: ________________