

**Nourishing our Resilience
Native Youth GONA 2018
August 28 -August 31st
Rising 9th- 12th grade
Space is Limited**



Chaperone/Volunteer Application

This year's Youth GONA has a few volunteer opportunities for Activity Leaders who will assist in facilitating an icebreaker activity and help keep the youth groups on task. Overnight Dorm Duty Volunteers are also needed to be awake and on call each night of the event. Volunteers will be housed in the dorms and will be provided with meal cards throughout the duration of the event. We have an opportunity for 10 volunteers.

Volunteer duties:

(8) Activity Coaches will be expected to stay throughout the 4-day event, assist in registration the first day, lead a scripted icebreaker, assist in helping keep the youth groups on task, will also assist in Movie Night and Game Night.

(2) Overnight Dorm Duty will be expected to monitor throughout the night at Haggett Hall throughout the duration of the event.

Chaperone/Volunteer Application

Name: _____ Age: _____ Gender: _____
Tribal Affiliation: _____ T-Shirt Size: _____
Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Accommodations

Do you have any food allergies or dietary restrictions? No / Yes: _____
Do you have any allergies to medication? No / Yes: _____
Do you have any health restrictions? No / Yes: _____
Do you need any assistance taking medications? No / Yes: _____
If so, please explain assistance needed: _____
Any additional accommodations?: _____

Please list any children or relatives who will also be attending: _____

BEHAVIORAL EXPECTATIONS

The Seattle Indian Health Board and partnering agencies respectfully request all attendees abide by the Code of Conduct as a condition of their participation in the Nurturing Our Resilience 2018 Youth GONA. The following rules of conduct apply to all youth participants and adult volunteers participating in the 2018 Youth GONA.

Please read to ensure everyone has a fun and safe time at GONA

- ❖ Chaperones must commit to all three days of programming
- ❖ All youth participants and adults volunteers shall conduct themselves in a respectful manner and agree to abide by all GONA norms and rules conveyed by the GONA facilitators, workshops presenters, and SIHB staff including the following:
 - No fighting, arguing, or dangerous horseplay, which might injure another person, will be allowed.
 - No profane language on the GONA Grounds.
 - No bullying or harassment.
 - Follow established guidelines for 9 pm “Shower time” and 10 pm “Lights out”
- ❖ All youth participants and adults volunteers will show respect and conduct themselves in an honorable manner in the presence of GONA facilitators, workshops presenters, SIHB and to anyone else who enters the GONA Grounds.
- ❖ Chaperones and volunteers must notify appropriate GONA Staff if they witness any youth participant breaking the behavior expectations.
- ❖ Chaperones and volunteers must notify appropriate GONA Staff for occurrences related to mandates reporting (see Mandated Reporting Consent and Assent form in packet).

The following are prohibited; and use of or possession of may result in removal from GONA grounds

- ❖ Alcohol, marijuana or any other kind of illegal, non-prescribed drugs.
- ❖ Weapons of any kind
- ❖ Gang attire and colors, or any clothing considered distasteful or restrictive.

Signature

Date

You are responsible for your transportation back home, if for any reason there is an infringement of the Code of Conduct. You will be required to take the appropriate actions.

ACCIDENT WAIVER AND RELEASE OF LIABILITY

Volunteer Last Name: _____ Volunteer First Name: _____

Street Address: _____ City: _____ Zip Code: _____

Email: _____ Phone #: _____

Tribal Affiliation: _____

Emergency Contact Name: _____

Relationship: _____ Phone #: _____

In consideration of being allowed to participate in any way in the above referenced event, I, the undersigned, acknowledge and agree that:

1. Physical exercise, sport, wellness, and recreational activities may cause injury. I understand that there is an inherent risk of injury when choosing to participate in any physical exercise, sport, and/or recreational activities. My participation is a voluntary activity in all respects. I assume all risks of injury and illness that may result from participation in any group activities or individual activities such as skating. I acknowledge that this activity has the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, sponsors and/or producers of the activity.
2. I understand that it is my responsibility to consult a physician before I undertake any physical activity such as participating in the above reference event. I certify that I am in good health and sufficient physical condition to properly participate in the above referenced event. I am knowledgeable about the proper use of any equipment and/or facility that I will use and the rules of any activities that I will participate in.
3. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:
 - a. I HEREBY FULLY WAIVE, RELEASE, AND DISCHARGE the Seattle Indian Health Board (SIHB), its Directors, officers, employees, volunteers, sponsors and agents, and those whose facilities are being used for the above referenced event and/or related activities (collectively, the "Released Parties"), from any and all liability, claims, and causes of action from damage to or loss of personal property, illness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, other damages or loss which I may have or which may accrue to me based on my participation including but not limited to, liability arising from the negligence or fault of the entities or persons released herein, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event and/or related activities.
 - b. I FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS, PROMISE NOT TO SUE AND DEFEND THE RELEASED PARTIES from any and all liabilities or claims resulting from injuries or illness (including death), damages, or loss, including, but not limited to attorneys' fees, sustained by me arising out of, connected with, or in any way associated with my participation in the above referenced event and/or related activities, whether caused by the negligence or otherwise.

4. I understand that SIHB does not provide medical coverage for me. I acknowledge and verify that I will be responsible for any medical costs I incur as a result of my participation. In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care. I agree to be responsible for payment of any and all medical services rendered.
5. I understand that I am responsible for any incidental charges or fees procured at my own discretion while staying at the programming site and participating in this activity. I understand and acknowledge that I am additionally responsible for all fees associated with any property damage done to the programming site or provided lodging.
6. This Accident Waiver and Release of Liability form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, INCLUDING THE PERMISSION TO SECURE MEDICAL TREATMENT AND THE RELEASE OF ALL CLAIMS. I UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT. I SIGN IT OF MY OWN FREE WILL. THIS DOCUMENT IS BINDING UPON ME AND MY HEIRS, CHILDREN, AND ANYONE ENTITLED TO ACT ON MY BEHALF.

Signature

Date

Please attach copy of Insurance Card

THIRD PARTY CONSENT FOR MEDICAL SERVICES FORM

Authorization for Consent to Medical Treatment or Intervention

I, _____
(Name) Age: _____ Date of Birth: _____ Authorize
the **Seattle Indian Health Board** to consent to any X-Ray, examination, anesthetic, medical or
surgical supervision on advice of any physician or surgeon licensed to practice medicine, when the
need for medical treatment or intervention is immediate and when efforts to contact me are
unsuccessful.

Medical Insurance Information

Medical Insurer: _____
Policy Number: _____
Primary Doctor's Name: _____
Phone #: _____

Hospital Information

Name: _____
Address: _____
Phone #: _____

Signature

Date

PERMISSION TO PHOTOGRAPH, VIDEO & PUBLICIZE

Subject: Nurturing Our Resilience Gathering of Native American Youth 2018

Event Location: University of Washington Intellectual House, August 28th – 31st, 2018

I grant to SIHB, its representatives and employees, the right to take photographs of me and my property in connection with the above identified subject. I authorize SIHB, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that SIHB may use such photographs of me with or without my name and for any lawful purpose, including for purposes such as publicity, illustration, advertising, web content, and fundraising. I have read and understand the above:

Signature: _____

Printed Name: _____

Organization Name (*if applicable*) _____

Address: _____

Email: _____ Date: _____

Signature, parent or legal guardian (*if under age 18*): _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, please list whom we need to contact in order of priority.

Primary Contact: _____ Relationship: _____

Home Phone: _____ Work/Message Phone: _____

Second to Contact: _____ Relationship: _____

Home Phone: _____ Work/Message Phone: _____

Third to Contact: _____ Relationship: _____

Home Phone: _____ Work/Message Phone: _____

I understand that the information given on this form will be used to contact members and relatives for emergencies only.

Signature

Date

2018 GONA Packing List

Please keep this list for your reference

It is necessary to bring all of the items listed below. *If you do not have any of these, please contact SIHB staff.*

- ___ 1 Pair - comfortable, sturdy walking shoes with good tread
- ___ 1 Pair - sandals or flip flops
- ___ 3 Pair - socks
- ___ 3 Pair - underwear
- ___ 3 Pair - shorts or pants
- ___ 3 Short sleeve shirts (T-shirts)
- ___ 1 Bathing suit for pool
- ___ 1 Backpack
- ___ 1 Refillable water bottle
- ___ 1 Sunscreen SPF 30+ *as needed*
- ___ 1 Chap Stick or lip balm
- ___ Toiletries (Basics: toothbrush, toothpaste, feminine products, brush/comb, shampoo & conditioner, and soap)
- ___ Deodorant
- ___ **Personal Medications (allergy, asthma, etc.) *items must be checked in with staff***

OPTIONAL ITEMS:

Camera, journal, etc.

PLEASE DO NOT BRING:

iPods, iPads, computers or other electronic devices! Please no junk food or soda!