



CLI commUnity
leadership
institute
JUST communities

August 4th - 11th, 2012

Just Communities'
CommUnity Leadership Institute (CLI)
empowers high school-aged youth
to become more effective leaders and change
agents, dedicated to dismantling oppression
and promoting inclusion, equity, and social justice.

Participant Application



JUST
communities
comunidades **JUSTAS**



Our Mission

Just Communities advances justice by building leadership, fostering change, and dismantling all forms of prejudice, discrimination, and oppression.

Our Vision

Just Communities envisions an equitable and inclusive Central Coast where all people are connected, respected, and valued.

About the CommUnity Leadership Institute (CLI)

Just Communities' *CommUnity Leadership Institute (CLI)* is an annual, 8-day residential summer program where 48 high school-aged youth from Ventura, Santa Barbara, and San Luis Obispo Counties are trained in issues of diversity and social justice, and in advocacy to take positive action in their schools and communities.

At the institute, young people from diverse backgrounds have the opportunity to explore their multifaceted identities, learn how to recognize and counter inequity, and gain advocacy skills and tools to bring back to their schools and communities. Topics include racism and xenophobia, sexism, homophobia, and classism, as well as communication, human relationship, leadership and advocacy, personal character, and community building.

When is CLI this year?

This year's CLI will be held August 4th—August 11th.

Is CLI Like Other Summer Camps?

Yes and no. The *CommUnity Leadership Institute* is more of a personal growth and leadership development experience than a traditional summer camp. Activities include discussion groups, role playing, learning exercises, and presentations on a variety of social justice issues. Young people will be able to participate in and learn from activities which focus on ethnic and racial identity, stereotyping, communication, family issues, racism, homophobia, sexism, and classism. Most of the time is spent in discussion groups; however, some traditional camp type activities, such as volleyball, basketball, swimming and art are available during free time.

Who Can Apply?

Any young person from Ventura, Santa Barbara, and San Luis Obispo Counties who is currently in the 8th, 9th, 10th, or 11th grade, or of equivalent age. Youth should be physically and emotionally capable of participating in a program that challenges them to discuss their experiences with and attitudes about social justice and human relations issues.

Who Makes up the Staff?

The Institute staff consists of a diverse group of 6-10 adults from a variety of professional backgrounds (teachers, social workers, counselors, psychologists, clergy and business people) and 10-12 youth who attended the Institute in previous years. All staff members undergo extensive training prior to the Institute.

How are the Facilities, Housing, and Meals?

The Just Communities *CommUnity Leadership Institute* is held at Ojai Valley School, a private school in Ojai Valley (learn more at www.ovs.org). Lodging is in dorm rooms, by gender. Meals are served three times a day in the dining hall. Snacks, fruit and water are available throughout the day. A health care professional is on call to handle illness or injuries. Medical emergencies will be handled at the nearest hospital.

Is School Credit Offered?

Most schools do offer credit or community service hours to students who participate in the *CommUnity Leadership Institute*. To find out more, talk with your school or call Just Communities.

Why Should I Attend?

You should attend if you want the chance to meet, dialogue with, and make friends with other young people of all different backgrounds from throughout the Central Coast; if you want to enhance your understanding of yourself and others; if you believe in making the world a more just and fair place; and if you want to know how you can make a difference in your school and your community.

What is the Cost?

Tuition for the week-long institute is \$750.00 (the actual cost is closer to \$1,500.00 but generous community support allows us to charge only \$750.00). A \$50.00 deposit covers the processing of the application and reserves a place at the Institute. The balance covers transportation, meals, lodging, insurance and institute programs. The \$50.00 fee must be sent with the application unless prior arrangements have been made with Just Communities. It can be paid by check, money order or credit card made payable to “Just Communities.” A refund of the processing fee will not be given for cancellations. There is also a \$50.00 discount if you return your application by April 20th and another \$50 discount if you apply as a part of a group of 6 or more students from the same school or organization. You may also pay in installments. Please contact Just Communities to arrange a payment schedule.

INFORMATION FOR PARENTS AND GUARDIANS

If I have a balance due, when do I pay it?

Payment is due by July 13th. If you need to make payment arrangements or have questions, please call 805.966.2063.

Do I have to drive my child to the Institute site?

You may drive your child directly to the Institute site, or you can drive to one of several pick-up/drop-off spots in Santa Barbara, Ventura or Santa Luis Obispo Counties. More detailed information will be provided with your confirmation packet.

How can I contact my child while the program is in session?

The telephone number for the Institute site and a 24-hour emergency contact number will be included in the confirmation packet. You may leave a voicemail message, 24 hours a day. Voicemail is checked regularly by staff and messages are delivered. In the event of an emergency, you may call the site directly and ask them to page the Institute Director. Cell phone use will be restricted.

What if I Can't Pay Tuition?

You may apply for a scholarship. Enclose the \$50.00 processing fee and fill out the scholarship section of the application. If we cannot provide the amount you need, we will refund your \$50.00 processing fee. You should also call the applicant's school or other sponsoring organization to see if they will provide any financial support. If you need help with the \$50.00 deposit, please notify Just Communities.

How Will I Know if I am Accepted?

You will receive a confirmation packet from Just Communities by mail. It will contain a confirmation letter, a map to Ojai Valley School, transportation pick-up/ drop-off sites, a list of what to bring with you to the Institute, plus other important information.

What if I Have to Cancel?

If for some reason you have to cancel, please notify Just Communities immediately at 805.966.2063. If you are calling after hours, please be sure to leave your name and contact information in case we need to reach you. It is important to let us know immediately if you are unable to attend so that we can fill your space with someone from the waiting list.

How do I Apply?

Complete the application (Parts 1 through 7) and send it to:

CommUnity Leadership Institute
Just Communities
1528 Chapala Street, Suite 308
Santa Barbara, CA 93101

Email: info@just-communities.org
Fax: 1(805) 246-1566
Phone: (805) 966-2063



Participant Application

Personal Information Part 1

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: _____ Alternate Phone: _____

circle one: home cell work

circle one: home cell work

E-Mail: _____

Place of Birth: _____ Birth Date: _____
Month / Day / Year

School: _____ District: _____

Grade you will Enter in Sept. 2012 _____

Are you applying with a group? (If so what group?)

How did you learn about CLI?

INSTRUCTIONS:

Fill out requested information completely. **If you do not know, write "unknown."**

NOTE

After CLI, a contact roster will be given out to all staff & participants to keep in touch. Check to indicate what information you would like distributed.

email preferred phone

alternate phone address

T-Shirt Size *select only one (adult sizes)*

small medium large x-large xx-large

Women's Cut Men's Cut

Personal Information Part 2

INSTRUCTIONS

Please fill in all areas. **If you not sure or have no answer, write "n/a".**

All information in this section is used to assess diversity at CLI & is kept CONFIDENTIAL.

Race(s): Ethnicity(es) or Tribal Membership(s): Sexual Orientation: Primary Language(s):	Gender (i.e. female, transgender, male): _____ Annual Family Income: <input type="checkbox"/> less than \$20,000 <input type="checkbox"/> \$20,000 - \$34,999 <input type="checkbox"/> \$35,000 - \$79,999 <input type="checkbox"/> \$80,000 - \$150,000 <input type="checkbox"/> more than \$150,000 # People in Household: _____	Please use this space to tell us any additional information about your identity that you would like to share (for example: religion, physical ability, generation in US, etc.): _____ _____ _____ _____ _____
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Dietary Needs

Vegetarian Vegan

Food cannot be prepared to order.

The site does not have a kosher kitchen.

PLEASE DO NOT BRING FOOD FROM HOME.

Other Dietary Needs or Restrictions:

FOR OFFICE USE ONLY

DTR _____ I/SM _____ PYR _____ DB _____ CMP _____

Medical & Emergency Information Part 3

INSTRUCTIONS
1. Please have parent or guardian fill out this section completely. If you do not know, write "unknown."

2. You must answer questions 1-6, or your application will be returned.

3. You **MUST** notify Just Communities if any of this information changes between the time your application is submitted and the time CLI begins. (Example: you get an injury after filling out the application.)

We need some information about your child's medical history, as well as emergency information.
All medical information is confidential.

Applicant's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Home Language: _____

Parent/Guardian's preferred #: _____ Alternate#: _____
circle one: home cell work circle one: home cell work

Please list 2 other emergency contacts:

Name of Person	Relationship to Applicant	Phone #

Parent/Guardian must complete the following information:

1. My child may be given patent-type medicines such as Tylenol, antihistamines, cough syrups, nose spray, etc. if needed. If NO is checked, your child WILL NOT be given these medicines. Yes No
2. Does the applicant have physical limitations which will restrict her/his participation? Yes No
3. Will the applicant be taking any prescribed medication during the program? Yes No
4. Is the applicant presently undergoing professional counseling or therapy? Yes No
5. Has the applicant been injured (and needed medical treatment) within the last year? Yes No
6. Does the applicant have any of the following medical conditions? (check all that apply)

<input type="radio"/> asthma	<input type="radio"/> allergies	<input type="radio"/> convulsive disorders	<input type="radio"/> HIV positive
<input type="radio"/> heart problem	<input type="radio"/> pulmonary disorders	<input type="radio"/> musculo-skeletal disorder	<input type="radio"/> hepatitis
<input type="radio"/> otitis media	<input type="radio"/> skin infection	<input type="radio"/> neurological disorder	<input type="radio"/> epilepsy/seizures
<input type="radio"/> diabetes mellitus	<input type="radio"/> other issues the medical staff should be aware of (elaborate in area below)		

IMPORTANT! If in questions 2-5 you answered "yes" or checked off any condition in question 6, please give details and any specific instructions regarding the applicant's physical limitation, special diet, medications, etc. **Also, please list any other mental, emotional, or physical conditions your child has that are not on this list.**

Insurance Information Part 4

INSTRUCTIONS
 1. Please list all insurance information, if applicable. If the applicant has no medical insurance, please write "none."

2. Parent or Guardian **must** sign the emergency release agreement.

Name of Policy Holder: _____

Health Insurance Name: _____ Family Doctor: _____

Group/Policy Number: _____ Insurance phone # _____

Insurance Address: _____

EMERGENCY RELEASE AGREEMENT

In the event of an accident or illness which requires emergency medical care, I give my permission to the CLI staff to transport me/my child (or the person whom I am legal guardian) to appropriate medical facilities as needed and for attending (licensed) nurses and/or physicians to order such medical attention as may be deemed necessary for my/my child's health and safety.

Parent/Guardian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Consent Part 5

INSTRUCTIONS

1. Please read carefully and sign.
2. Make sure **both** parent or guardian **and** participant sign. **If both signatures are not present, the application will be returned.**

1. I understand that Just Communities' *CommUnity Leadership Institute* is an intensive human relations program which deals with mature subject matters. I understand that workshops explore topics such as self-esteem, stereotypes and prejudice, interpersonal communication, racial identity, racism, sexual orientation, sexism, socio-economic class, classism, institutional and personal power, and more.

2. I understand that youth who participate in CLI learning activities and discussions often find it to be an emotional experience. Throughout the week students may experience confusion, anger, joy, sadness, frustration and hope as they learn. I assure that I am/my child is capable of handling the subject matter and nature of this program.

3. If the Institute Director must send my child home for any reason, I agree to pick up my child within four hours of the Director's call. I understand that I may be called at any time of the night or day and will be able to arrange for my child's transportation home.

4. If my/ my child's medical information should change prior to the Institute, I will notify Just Communities of any new conditions, medication, or limitations.

5. I understand that although Just Communities has taken precautions to provide proper supervision and safety at the *CommUnity Leadership Institute*, it is impossible for Just Communities to guarantee absolute safety. I further understand that I/my child shares responsibility for maintaining a safe community by agreeing to follow the rules set by Just Communities and the Institute facility and I assume that responsibility for myself/my child.

**DO NOT SIGN
UNLESS READ AND
FULLY
UNDERSTOOD**

6. I have read and understood all of the above.

Parent/Guardian: _____ Date: _____

Applicant: _____ Date: _____

Institute Fees & Financial Aid Part 6

INSTRUCTIONS

At least one payment option must be checked.

Thank you for your interest in Just Communities' *CommUnity Leadership Institute*. Full tuition for the program is \$750.00. To make the program more accessible, we have a sliding fee scale. For more information please contact Just Communities. ***In addition, there is a \$50 discount if you return your application by May 1, 2012, and another \$50.00 discount if you apply as part of a group of 6 or more from the same school or organization.***

Tuition Cost: \$750.00 (Contact Just Communities regarding our sliding fee scale)

- I am paying the full tuition and have enclosed \$ _____ at this time.
- My school/org is paying \$ _____ towards my tuition. School/Org Name: _____
- I am able to pay \$ _____ and would like more information about the sliding fee scale.
- I have enclosed an additional \$15.00 to pre-pay for a group picture and a CLI t-shirt.**
- In addition to my payment, I would like to contribute \$ _____ to the *CommUnity Leadership Institute* Scholarship Fund to assist other young people in attending CLI.
- I qualify for the \$50 early registration discount (if returned by May 1, 2010).
- I qualify for the \$50.00 group discount (group of 6 or more from the same school or organization)

Total submitted at this time: \$ _____ Today's Date: _____
circle one: check credit card cash

Please make checks or money orders payable to "Just Communities"

Please charge \$ _____ to my: Visa MasterCard today's date: _____

Account # _____ card expiration date: _____

Cardholder's Signature: _____ Name as it appears on card: _____

Institute Rules & Agreements Part 7

- I/ my child will remain within the Institute boundaries at all times, unless accompanied by an adult staff member.
- I/ my child will be in the assigned dorm at curfew and will remain there until the morning.
- I/ my child will not bring any weapons, laser pointers, or computers to the Institute.
- I/ my child will not bring or use any drugs, alcohol, or cigarettes to the Institute.
- I/my child will respect site staff, Institute staff, and fellow participants, and will not engage in physical or emotional violence of any kind.
- I/my child will take appropriate physical and emotional care of self, including hygiene, sufficient rest, and reaching out to staff when specific care needs arise.
- I/ my child will turn in all medications to the medical staff.
- I/ my child will not engage in sexual activity at the Institute.
- I/ my child will attend all program sessions and meals.
- I/ my child will respect site property as well as the property of others at the Institute, and will pay for any damages to the facility for which I am /they are responsible.
- I/ my child will wear the assigned nametag at all times.
- I/ my child may bring a cell phone to the Institute, however, it must remain in the dorm at all times, and be used for emergencies only. Cell phones used during programming will be confiscated and returned at the end of the Institute. I understand there are public phones I can use.
- I/ my child will abide by the separate rules set by the Site Director.
- I/ my child understand that violating any of these rules can result in immediate dismissal from the Institute and the program at the discretion of the Institute Director. If I am dismissed, my parents or legal guardians will be called to pick me up from the Institute facility.

INSTRUCTIONS

1. Please read carefully and sign.
2. Make sure **both** parent or guardian **and** participant sign. ***If both signatures are not present, the application will be returned.***

Parent/Guardian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Photographic Release: I give Just Communities permission to use the photographic recording of myself / my child for Just Communities publicity purposes only.

Parent/Guardian Initials: _____ Applicant Initials: _____ Date: _____ ○ I Decline

Phone Number/E-Mail Release: I give Just Communities permission to share the contact information listed in Part 1 of this application with other *CLI* participants after the Institute.

Parent/Guardian Initials: _____ Applicant Initials: _____ Date: _____ ○ I Decline

Please return complete application by mail, email, or fax to:

CommUnity Leadership Institute
Just Communities
1528 Chapala Street, Suite 308
Santa Barbara, CA 93101

Fax: 1 (805) 246-1566

Email: info@just-communities.org