



Please return this form to Aaron Bernstein at the beginning of the Maryland Leadership Seminar. Forms do not need to be sent; they may simply be hand carried.

Volunteer 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

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

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



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Medical History Records Form

(Please type or print legibly)

Dear Participant:

For our records, and for your protection, please complete this form in its entirety.

VOLUNTEER 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

VOLUNTEER 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 volunteer require for any of the above conditions? _____

Has the volunteer 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 volunteer can engage in, please describe and explain (use additional sheet of paper if necessary): _____

Please list all allergies (insect stings, plants, foods, etc.) and any dietary needs or restrictions, including vegetarianism. _____

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 volunteer has allergic reactions to (penicillin, sulfa drugs, tetanus antitoxin, etc.) and what the reaction is:

Please list any prescription medications the volunteer 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 volunteer takes regularly. By signing this form, you attest that the use of the medication will not impair the volunteer'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 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 me 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. 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.

Signature of Volunteer: _____

Date: _____



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Health Insurance Form

(Please type or print legibly)

1. Name of Volunteer: _____

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: _____ Date: _____



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Consent & Acknowledgement of Risk Form

(Please type or print legibly)

Volunteer's Name: _____


Event/Activities: HOBY Maryland Leadership Seminar _____

Dates: Thursdy, May 26- Sunday, May 29, 2011 _____ Location: Mount St. Mary's University, Emmitsburg, MD _____

IN CONSIDERATION of the right to attend and participate in the Activities described above, the Volunteer 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 Volunteer, in the event of the Volunteer'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 Volunteer's name, voice, and likeness in any writings, photographs, films, and recordings of the Volunteer while he or she is participating in the Activities, and any biographical information submitted by the Volunteer 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 Volunteer 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 Volunteer or others that may occur as a result of the Volunteer'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 Volunteer'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 Volunteer 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 Westlake Village, California;
- 7) Volunteer has read this Consent and Acknowledgment of Risk, and understands its contents.

Signature of Volunteer: _____ Date: _____



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Notice of Privacy Practices

WE PROVIDE THIS NOTICE TO DESCRIBE HOW MEDICAL INFORMATION ABOUT YOU 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 medical information. We may preserve the medical disclosure information ("medical information") concerning you 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 you in the event of an emergency. This notice describes how we may use and disclose your medical information. It also describes your rights, and our legal obligations with respect to your medical information.

A. How HOBY May Use Or Disclose Your Medical Information

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

1. Treatment. In the event of an emergency, we will provide medical information about you to the appropriate health care provider to provide for medical care for you. We may also disclose medical information to members of your family or others who can help you.
2. Awareness. We may also provide medical information about you to HOBY employees and/or volunteers to the extent necessary.
3. Alumni Activities. We may provide medical information about you to HOBY employees and/or volunteers in connection with alumni activities or events in which you may be a participant.
4. Limited Disclosure. We will limit the use and disclose of medical information about you 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 you 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: _____ **Date:** _____

Maryland Department of Natural Resources
Maryland Park Service

VOLUNTEER REGISTRATION FORM

VOLUNTEER NAME: _____

MAILING ADDRESS: _____

PHONE: (H) _____ **(W)** _____ **(C)** _____

EMAIL ADDRESS: _____

Please read the following paragraphs outlining the State of Maryland's liability and medical coverage responsibility for volunteers.

Liability

Although not a compensated employee of the State, a volunteer is included in the definition of "State personnel" within the meaning of a law that protects State employees from liability. The law provides, "State personnel . . . are immune from suit in courts of the State and from liability in tort for a tortious act or omission that is within the scope of the public duties of the State personnel and is made without malice or gross negligence."¹ Thus, the State will represent and defend a volunteer sued for commission of a tortious act provided the volunteer's conduct falls within the stated limitations: the act is committed (a) within the scope of the volunteer's service, (b) without malice, and (c) without gross negligence.

Medical Insurance Coverage

A volunteer worker for a unit of State government is a covered employee under the Maryland Workers' Compensation Act; specifying that, for certain purposes, the State is the employer of a certain volunteer worker; limiting the benefits provided to a volunteer worker to medical services and treatment under Subtitle 6, Part IX for a compensable injury. Workers' Compensation claim forms must be submitted through the appropriate channels within thirty (30) days of the date of the accident/injury

I attest that I have read, understand, and accept the above provisions for liability and medical coverage for volunteers.

Signature

Date

If the individual is under 18 years of age:

Signature of Parent / Guardian

Date

¹ Courts and Judicial Proceedings Article, §5-522(b). The law is known as the Maryland Tort Claims Act. See State Government Article, §12-101(a)(3) and COMAR 25.02.01.02B(8) (State personnel includes individuals not paid by State who are participating in formal volunteer program).



HOBY AMBASSADOR 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, we strongly suggest offering the weekend to your school's alternate.
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 group during sessions. If you must leave a session, gain permission from your group facilitator and wait for an adult staff member to escort you. No ambassador 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 ambassador 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 group facilitator or come directly to the Operations Room. There are chaperones and 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 without your facilitator.
13. Ambassadors 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 ambassadors assigned to that room.
15. Ambassadors 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 Operations Room, except in case of an emergency.
19. Personal electronic/communication devices (iPods, MP3 players, Cell phones, handheld video games, 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.

What to expect at the HOBY Leadership Seminar...

Prepare for the experience of a lifetime...you have been selected to participate in the 2010 HOBY Maryland Leadership Seminar. You will be joining other sophomore leaders from across the State of Maryland!

Seminar Logistics

Date/time: 8am Friday, May 27 through 3:30 pm Sunday, May 29, 2011

Location: Mount St. Mary's University
16300 Old Emmitsburg Road, Emmitsburg, MD 21727 (Frederick County)

Registration: Students register for the seminar between 8:00 am and 9:00 am on Friday, May 27 near the **McCaffrey Dorm** part of **The Terrace**. Emergency late arrivals must be arranged with the Maryland Leadership Seminar Chair ahead of the seminar.

Reminder: Have breakfast before arriving for registration. Lunch will be the first meal served at the Seminar.

Driving: **Baltimore** - Take I-695 Baltimore Beltway to I-795 Northwest Expressway. Take NW Expy to the end and pick up MD 140 toward Westminster. Stay on 140 through Westminster and Taneytown to US 15 at Emmitsburg. Take US 15 South for two miles to the University on your right.
Washington D.C./Suburban Maryland - Take I-495 Washington Beltway around western side of metropolitan area across the Potomac River to I-270 North to Frederick. Follow I-270 North to US 15 North to the University on your left.

What will the seminar be like?

HOBY seminars include a variety of activities and events focused on leadership.

- Panel Sessions – During the seminar there will be panels on topics including entrepreneurship, education, volunteerism, and the media. Each session will have speakers who are leaders and experts in the particular topic. They will lecture for five minutes each. The remaining time will be for YOU to ask questions, discuss the subject with your fellow Ambassadors and to form YOUR OWN opinions about the information presented.
- Featured Speakers – Motivational speakers will share their experiences with the Ambassadors and join us for part of the day in order to interact with our Ambassadors.
- Leadership Labs – A key component of the Maryland Leadership Seminar is practicing your leadership skills. Leadership Labs take place throughout the weekend and include a variety of hands-on, fun activities to tax your mind and work closely with your fellow Ambassadors.
- Career Lunch – On Friday morning each Ambassador will select to sit at a lunch table hosted by a guest. Take your pick – teacher, medical personnel, small business leader, etc.
- Leadership for Service – HOBY promotes community service. Ambassadors and staff will be completing environmental clean up projects including tree planting and trash pick-up at Cunningham Falls State Park outside Thurmont, MD. Bring garden/working gloves, bug spray, and wear sturdy shoes. Secondly, we are saving aluminum soda tabs (start now!) for recycling and will give the funds to the Johns Hopkins Hospital Children's Cancer Center.
- Talent Showcase - If you have a special talent – sing, play an instrument, like to do dramatic or comedy skits - the Ambassador Talent Showcase is for you. You need to let us know if you want to participate (there's a form in your registration materials). A piano will be available.

- Social Skills Promotion – This is our way of saying fun, fun, fun. Our seminar features an Ambassador Talent Showcase, dance (with DJ), and a social room filled with games, snacks, and great conversation.
- Dressing for the seminar - Dress is “Business Casual” throughout most of the weekend. Bring a sweater or jacket for meeting rooms as air-conditioning can make the auditorium cold and good walking shoes for going across campus.

SATURDAY – Community Service Project – Dress is casual. Jeans are permitted but please, no shorts. We may be in a wooded area. Bring working gloves and bug spray! If the weather is going to be cool, you may want to bring a long-sleeved shirt to wear. If rain is suspected, bring raingear. Wear supportive work shoes....no scandals. We will supply a HOBY T-shirt.

Don't forget! – Sheets, blanket & pillow (or sleeping bag). Toothbrush, toothpaste, shampoo, soap, contact solution & medicine, towels & washcloth, hairdryers, shower shoes, etc. Gloves, work shoes, and bug spray for Saturday. A backpack is good for carrying your essentials around campus. You will not have access to your rooms during the day.

Soda Pop-tops! – As a service project we are collecting **aluminum can pop-tops**. Get your friends and family to help and bring a full baggie or more. Last year we collected over 300 pounds of aluminum to recycle for cash for Johns Hopkins Hospital Children's Cancer Center.

Lodging accommodations

- Accommodations will be dormitory style, usually two or three to a room with shared bathrooms at the end of the hall. Bring your bed linens. Bring your towel and washcloth. **A lost key charge is \$60 so beware!**

Religious services:

- Catholic Mass, Jewish, Muslim discussion, and Christian non-denominational services and an alternate activity are in the schedule.

Money for souvenirs

- The only expenses you may incur are for souvenirs from the “HOBY store.” The store will be open during the seminar to purchase mementos, T-shirts, seminar DVD and souvenirs of your HOBY experience.

Frequently Asked Questions from Students and Parents

Q: What is HOBY?

A: Hugh O'Brian Youth Leadership (HOBY) is a non-profit organization committed to inspiring and developing our global community of youth and volunteers to a life dedicated to leadership, service, and innovation. Founded in Los Angeles, California in 1958 by actor Hugh O'Brian, HOBY programs provide youth selected by their schools to participate in unique leadership training, service-learning and motivation-building experiences. HOBY also provides adults with opportunities to make a significant impact on the lives of youth by volunteering. Over 4,000 committed HOBY volunteers plan and execute the programs each year, serving both at the local HOBY affiliate level and on HOBY's Board of Trustees. Due to the selfless efforts of volunteers and the contributions of generous donors, nearly 9,000 students participate in HOBY programs annually. Today, over 375,000 proud alumni make HOBY stronger than ever. HOBY alumni are leaders in their schools and communities, throughout the United States and the world, making a difference for others through service.

Q: What is the purpose of the state leadership seminar?

A: The seminar supports the primary objectives of Hugh O'Brian Youth Leadership: motivate and empower individuals to make a positive difference within our global society through understanding and action based on effective and compassionate leadership; to interface these potential leaders with recognized leaders in business, industry, government, science, education, and the professions through give and take workshops; to stimulate opportunities for these young people to demonstrate their leadership abilities when they return home for betterment of community and country.

Q: How are students selected to attend a HOBY Leadership Seminar?

A: Each October, the National Association of Secondary School Principals sends nomination materials to all 22,500 public and private high schools in the United States. Each school selects an outstanding sophomore, based on their leadership potential, to represent their school at their state seminar. Since only one student is selected, it is an honor to be recognized as a leader among peers.

Q: What do students receive by attending their state leadership seminar?

A: Known as HOBY's flagship program, the Leadership Seminar is designed for seminar attendees, or HOBY Ambassadors as they are called, to recognize their leadership talents and apply them in becoming effective, ethical leaders in their home, schools, workplace and community. The high level of energy, encouragement and motivation as well as the interaction with peers, panelists and volunteers are important elements in nurturing the students' future leadership roles. In addition, students participate in hands-on leadership activities and meet state leaders in such as areas as business, government, education, media and the non-profit sector. Ambassadors will also participate in a service learning community project. Throughout the seminar, students build new friendships and networks for the future.

Q: What are the benefits after attending a HOBY Leadership Seminar?

A: Many Ambassadors return home with a new vitality, a greater sense of purpose, and a new set of resources that they can use to make their schools and communities better places in which to live. With this new enthusiasm, HOBY Ambassadors can create a ripple effect of social responsibility in their communities. Ambassadors are asked to become part of HOBY's

commitment to the “President’s Summit for America’s Future”. By undertaking a community service project(s) involving at least 100 hours, they have the opportunity to join 8,000 other HOBY Ambassadors in making a difference in your school, community, place of worship, or other “environment”. Alumni can continue their involvement by attending Alumni functions, volunteering for the annual leadership seminar, or teaching at a one-day Community Leadership Workshop (CLEW) held in local communities. HOBY seminar attendance can be added to resumes and college applications. Alumni are eligible to receive Ambassador Leadership Scholarships from various colleges and universities to help fund higher education through graduate school.

Q: Who pays for the seminar?

A: The school is asked to pay a registration fee of \$150 to HOBY International (our offices in Los Angeles). Sometimes this fee is paid by the parent. The all-volunteer Maryland committee raises the state seminar expenses for room & board, copies & postage, and program supplies (approximately \$45,000) from generous sponsorships from the private sector, service organizations, and individuals. Women’s Clubs, Jaycees, Kiwanis, and Optimists financially sponsor individual schools to the seminar.

Q: Who is Aaron Bernstein?

A: Aaron is the Maryland Leadership Seminar’s chairperson who leads an all-volunteer committee. He is a 1996 HOBY Maryland alumnus, and has been volunteering at the seminar for the last 15 years in various positions. This is his third year as chairman. Aaron is a high school science teacher for emotionally disturbed students at the non-public Frost School Lodge Program in Rockville, Maryland.

Q: What kind of supervision is provided at the leadership seminar?

A: The seminar is chaperoned by qualified adult male and female facilitators who stay at the facility 24 hours a day. Most facilitators were HOBY Ambassadors and now volunteer their time. Groups of 8-10 Ambassadors are organized into small teams led by an adult facilitator. Recent HOBY Alumni are assigned as assistants or in the Operations Office.

Q: If necessary, how may I contact HOBY during the Seminar weekend?

A: Parents and friends are discouraged from calling students during the seminar due to the confusion created when meetings are interrupted. In case of emergency, parents or guardians may call the Mount St. Mary’s Campus Security Office at (301) 443-5357. Also, Brandon Pettit, Director of Operations, cell (301) 541-7750 or Aaron Bernstein, cell (301) 318-2256 can be reached. Ambassadors can bring cell phones but they must be turned off during seminar sessions which can last past 10 pm. The dorms do not have phones.

Q: How can I follow what is happening at the seminar?

A: The seminar committee will be posting updates to our Facebook Fan Page and Twitter accounts all weekend, beginning Thursday evening. Become a fan of HOBY Maryland on Facebook at <http://www.facebook.com/hobymd> and follow us on Twitter at <http://www.twitter.com/hoby>.

Q: What transportation arrangements have been made?

A: We are unable to provide transportation to and from the seminar. It is the parent’s responsibility.

Q: Where should I go when I arrive?

A: Enter campus at the main entrance on Route 15, and follow signs for HOBY to the appropriate parking lot. Further signs and volunteer committee members will greet you and direct you towards the Terrace for registration and check you in.

Q: What are the accommodations like?

A: Participants will be assigned to dormitory rooms with two to four participants to room on floors reserved exclusively for the seminar. Students will need to bring their own towels, pillows, bed linens, and toiletries. Everyone will receive nutritious breakfasts, lunches, and dinners. Students should have eaten breakfast prior to arrival on Friday. On the Medical History Records Form, please indicate any special dietary considerations, including vegetarianism, and we will do our best to accommodate you.

Q: What if I need to take medication while I am at the seminar?

A: Please provide information about your medication on the Medical History Records Form and bring the Physician Medication Verification Form with you to the seminar (documents are included in this packet). Make sure to read and comply with the Policy for Use of Medication During a HOBY Event.

Q: What if I am unable to attend the seminar?

A: If circumstances arise that prevent you from attending, we want to give another student from your school the opportunity to attend. Please notify the person at your school who selected you, **and** call Aaron Bernstein at 301-318-2256.

Q: What is the Parents' Lunch?

A: The Sunday 12:00 – 2:00 pm lunch in the Patriot Hall, Cogan Student Union is an opportunity for your family to find out just what HOBY is about, meet other parents and ask questions. We will also be giving a presentation for parents on college financing and admissions now that the student has completed the HOBY program. Your host, Anne Yakaitis, is a HOBY volunteer and mother of two HOBY Alumni students. There is a fee to attend this meal and event and a registration form is in this packet. It is not a mandatory event.

Q: At what time does the seminar start and end?

A: Registration is from 8:00 – 9:00 am Friday, May 27 and Closing Ceremony ends at 3:30pm Sunday, May 29, but it usually takes some time for the ambassadors to walk back to the dorm, collect their luggage, hand in keys and say good bye to their new friends.

Q: Who may I contact should I have additional questions?

A: Additional questions or concerns should be directed to Aaron Bernstein at seminarchair@hobymd.org or call 301-318-2256.

