



# Young Advocates for Human Rights

## 2009 Application Form

Mail: P.O. Box 3281  
Coeur d' Alene, Idaho 83816  
Location: 414 1/2 Mullan Avenue  
Phone: 208-292-2359  
Fax: 208-667-6740  
Email: info@hrei.org

### Contact Information

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade (fall 2009) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Male  Female Phone: \_\_\_\_\_ Resides With (parent/guardian name): \_\_\_\_\_

\_\_\_\_\_ If applicable, any special custody arrangements we should know about? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Student will be arriving and departing by:  Walking  Driving/Carpooling  Biking  CityLink Bus

Other than you, individuals authorized to pick up your child: \_\_\_\_\_

### Medical Information

Medical Insurance: \_\_\_\_\_ Group No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Health History

	Yes	No		Yes	No
Appendicitis	___	___	Hernia	___	___
Asthma	___	___	Lung Problems	___	___
Convulsions	___	___	Skin Problems	___	___
Diabetes	___	___	Heart Trouble	___	___
Digestive Problems	___	___	Swimmer?	___	___
Ear Trouble	___	___	Last Tetanus Shot	___	___
Emotional Problems	___	___	Last Physical	___	___
Epilepsy	___	___			

KNOWN ALLERGY TO:

Medications: \_\_\_\_\_ Insect Stings: \_\_\_\_\_

Food: \_\_\_\_\_ Other: \_\_\_\_\_

Surgery within the last two year? Type: \_\_\_\_\_

Any physical limitations? \_\_\_\_\_ Is your child currently taking any medications?  Yes  No

If yes, what kind? \_\_\_\_\_



The above named camper has my permission to participate in camp and related field trips. In case I cannot be reached immediately, I give my permission to provide any emergency care necessary for my child's health and safety. I understand that this is an application. I will be contacted upon acceptance or rejection of my child's application. If accepted, my child will be able to complete registration for YAHR 2009, with a \$50 non-refundable registration fee. I consent to photographic documentation of the camp, including photos of my child's participation in YAHR and use of these photos to promote HREI & YAHR. All information provided on this form is complete and accurate to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Young Advocates for Human Rights**  
**2009**  
**Applicant Questionnaire**

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Name: \_\_\_\_\_ School: \_\_\_\_\_

Please answer the following questions to the best of your ability. Teams will be compiled & mentors assigned, based on answers to this questionnaire.

1. Please rate what you enjoy doing the MOST, with 1 being your highest preference:

\_\_\_\_ Reading \_\_\_\_ Sports \_\_\_\_ Art \_\_\_\_ Music \_\_\_\_ Video Games \_\_\_\_ Writing

\_\_\_\_ Other: \_\_\_\_\_

2. What, if any, types of social activism, community service, or volunteering have you done? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. How would you define "human rights?" \_\_\_\_\_

\_\_\_\_\_

4. How do you best express your thoughts and opinions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What, if any, human rights issues have you observed in your school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How have you been an ally or advocated for an issue or another person?

\_\_\_\_\_