



## Unimaginable Rich Lesson about Manhood

**So let me ask you a question:** Will you teach young men to become healthy functional adult males? The young men in your world know you have what they need for a successful journey to manhood, and they are waiting for you to show up. If you feel resistance to that call to action, are you willing to look for its source?

What I can promise, from personal experience and that of countless men I've encountered on this path, is there are unimaginable and rich lessons about **your** manhood waiting for you in your answer to those questions.

I found the clue to answering those questions, through my work with the Young Men's Ultimate Weekend "Production Team" and the young men participants. I was able to confront my childhood issues regarding my father by allowing myself to feel my pain and by guiding the young men through their pain. Each time they spoke I could relate, each time they cried I cried, and as they grieved I grieved. I bonded, not with just young men participants, but with an entire nation of young men who just want to belong. We are all one, no matter if you're eleven or 65.

The bond between the young men is not the only gift from working with the Young Men's Ultimate Weekend. We work directly to mentor adult males as they work hand in hand with the young men. We train managers to hold high standards of impeccability that is reflected in one's everyday life. Well-trained mentors are the reason why we are so successful. Each manager is assisted by his own personal mentor, and guided throughout his responsibilities, guaranteeing his success and the success of the weekend.

I want to offer you the chance to get unimaginable and rich lessons, about your manhood and your questions answered. Thank you for being the men to step-up for production, who have the courage to help the young men of today on their journey to being a fully-formed, solid and mature man.

I acknowledge each of you for having the courage to care enough about your life, family and community, and doing what it takes to make you the best man you can be.

Respectfully,

Fred Vesey  
Weekend Committee Chairman

Young Men's Ultimate Weekend 2015 Dates and Locations

**D&T May 31** (Contact Brendan at [berniebyrd@hotmail.com](mailto:berniebyrd@hotmail.com) for location)  
**Weekend: June 19 - 21, 2015**  
**The Cover Girl Scout Camp, Napa, CA**

---

**D&T Aug 29** (Boulder Creek Boy Scout Camp)  
**Weekend: September 18 - 20, 2015**  
**Boulder Creek Boy Scout Camp, Boulder Creek, CA**

# YOUNG MEN'S ULTIMATE WEEKEND

## VOLUNTEER MEDICAL INFORMATION FORM

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

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Med Insurance Carrier Name: \_\_\_\_\_

Insurance Group/Plan #: \_\_\_\_\_

Check all items that apply, past or present, to your health history.

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Asthma	_____	_____	Diabetes	_____	_____
Cancer/leukemia	_____	_____	Heart Trouble	_____	_____
Convulsions	_____	_____	Hemophilia	_____	_____
Seizures	_____	_____	High blood pressure	_____	_____
Kidney Disease	_____	_____			

Explain "YES" answers or describe other conditions not listed above: \_\_\_\_\_

List any medication you will be taking during the weekend: \_\_\_\_\_

List all allergies (medicine, food, etc.) we should know about: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or strenuous physical games: \_\_\_\_\_

# YOUNG MEN'S ULTIMATE WEEKEND

## VOLUNTEER MEDICAL INFORMATION FORM

**PAGE 2**

List equipment needed, such as wheelchair, braces, glasses, contact lenses, etc. \_\_\_\_\_

Immunizations: (Yes / No and provide date of last inoculation, if known)

Tetanus Toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	Chicken Pox _____
Pertussis _____	Rubella _____	

Please indicate if you have a history of disease or any health issues related to:

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Serious Illness _____			Chest/Lungs _____		
Serious Injury _____			Heart _____		
Deformity _____			Murmurs _____		
Surgery _____			Rhumatic Fever _____		
Skin/Glands _____			Stomach/Bowels _____		
Ears/ Eyes _____			Appendicitis _____		
Nose/Sinus _____			Kidneys/Urine _____		
Teeth/Tonsils _____			Albumin _____		
Dentures/Bridge _____			Sugar _____		
Hernia _____			Back/Limbs/Joints _____		

Explain "YES" answers or describe other conditions not listed above: \_\_\_\_\_

In the event that I am incapacitated due to a medical emergency, an injury, or an illness, I understand that reasonable effort will be made to contact my physician and the emergency contact person listed on this form. Further, I hereby authorize a representative of YMAW to act as agent with full power in my name to transport me to the closest appropriate medical facility for evaluation and treatment. Treatment could include anesthesia, surgery, or injection of medication.

**Volunteer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# **DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CRIMINAL BACKGROUND REPORTS FOR VOLUNTEER PURPOSES**

*Please Read Carefully Before Signing the Authorization*

## **DISCLOSURE**

In considering you as a volunteer for Young Men's Ultimate Weekend, Inc. the Company may request and rely upon one or more criminal background reports about you that we obtain from IntelliCorp Records, Inc.

For explanation purposes:

- a criminal background report is a written, oral or other communication of any information provided by IntelliCorp Records, Inc. bearing on your criminal history, character, general reputation, and personal characteristics, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making a volunteer acceptance decision about you.

Before the Company can obtain a criminal background report about you for volunteer purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under federal and state laws.

## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Young Men's Ultimate Weekend to obtain and rely upon criminal background reports in considering me as a volunteer. By my signature below, I authorize Young Men's Ultimate Weekend to obtain any such reports and to share the information received with any person involved in the volunteer acceptance decision about me.

I do \_\_\_\_\_do not\_\_\_\_\_ authorize you to perform a criminal background check related to my desire to serve as a volunteer at a YMUW initiation event.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic form will be valid for any criminal background reports that may be requested about me by or on behalf of the Company.

**You may request a free copy of any reports we obtain about you via written request to [info@ymuw.org](mailto:info@ymuw.org).**

**We will be obtaining a criminal background report from IntelliCorp Records, Inc. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services by written request to IntelliCorp Records, Inc., 3000 Auburn Drive, Cleveland, OH, 44122. Upon making a written request, you may also receive a summary of your report via telephone.**

\_\_\_\_\_  
Applicant Signature  
(Electronic signatures will not be accepted)

\_\_\_\_\_  
Date

**Personal Data**

_____	_____	_____
Last Name	First Name	Middle Name
_____		_____
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
_____		_____
_____		_____
_____		_____
_____	_____	_____
Date of Birth	Other Names Used (including maiden name)	Years Used
_____	_____	_____
Social Security Number	Driver's License #	State
_____		
Email address (may be used for official correspondence)		

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection as a volunteer at a YMUW event.

_____	_____	_____
Printed Name	Applicant Signature (Electronic signatures will not be accepted)	Date