



**Congratulations!** You have been selected to represent your high school at the Arkansas Hugh O'Brian Youth Leadership (HOBY) Seminar. You were chosen because of the outstanding leadership potential you have demonstrated in school and community activities.

The HOBY Arkansas Leadership Seminar will take place **May 4-6, 2012**. The event will be held at **Double Tree by Hilton in Bentonville**, with more than 160 sophomores in attendance. Your Registration Fee has been paid, and excluding transportation to and from the site, a sponsor has generously paid for your expenses. During the weekend, you will join other "HOBY Ambassadors" from our state to enjoy a unique learning experience. We will present multiple viewpoints on important issues and encourage you to think critically about leadership, and also begin to identify your own particular leadership strengths. The seminar will be an enjoyable experience in a stimulating workshop environment. What you get out of the seminar will correlate directly with your level of participation in the activities – come prepared to interact!

Enclosed, please find the HOBY pre-seminar materials and program details. Please ensure that you thoroughly review and complete all of the forms with your parent or guardian. You must return the following forms to me by **3-21-2012**:

1. **Participant Confirmation Form**
2. **Medical History Records Form (2 pages)**
3. **Health Insurance Form**
4. **Consent & Acknowledgment of Risk Form**
5. **Notice of Privacy Practices**

If you will be bringing medication with you, you must also complete the **Medication Verification Form for Physicians** and bring it with you on the first day of the seminar.

If you have any questions or if you find you will not be able to attend the seminar, please contact me at **479-640-1982**. Should you have any problems while en route to the seminar, please call me. We are delighted to offer you this opportunity and look forward to greeting you personally at the Arkansas Leadership Seminar.

Please visit our website [www.arkansashoby.com](http://www.arkansashoby.com) for seminar information

Sincerely,

Robbie Hubbard  
Director of Recruitment  
2314 SW 16<sup>th</sup> Street  
Bentonville, AR 72712  
479-640-1982  
[Robbie@arkansashoby.com](mailto:Robbie@arkansashoby.com)

# HEY HOBY!

**WHO:** YOU

**WHAT:** 1 TO 3 PIECES OF GENTLY USED CLOTHING (CLEAN)

**WHEN/WHERE:** 2012 HOBY SEMINAR

**WHY:** LEADERSHIP 4 SERVICE PROJECT



**WHAT SHOULD I BRING?**  
T-SHIRTS BOTH PLAIN AND GRAPHIC, SHIRTS, SKIRTS, JEANS, BABY CLOTHES, TIES, DRESSES, ETC.....





## Answers to Frequently Asked Questions from Students and Parents

- \* **Where will the seminar be held?** The seminar will take place at **DoubleTree Suites by Hilton Hotel, 301 SE Walton Blvd, Bentonville, AR 72712**
- \* **When will the seminar be held?** Seminar participants may register between 7:30a.m. and 8:30a.m. on Friday, May 4, 2012; The seminar will begin with Ambassador Orientation on Friday, May 4, 2012 at 9 AM and conclude with Closing Ceremonies on May 6, 2012 at 11:00AM. **You must be present for the entire seminar, including overnight.**
- \* **Where should I go when I arrive?** Enter the facility through the East doors and proceed to the registration center. A HOBY volunteer committee member will greet you and check you in.
- \* **What kind of program is planned?** During your HOBY Leadership Seminar, many dynamic leaders—all volunteers from the fields of business, education, government, and other professions—will address aspects of our changing world and the challenges future leaders will confront. The program will not promote any specific political party, religion, or way of thinking; but is designed to develop critical thinking skills by actively involving participants in discussions and informal debate. During the seminar, you will be asked to undertake a community service project(s) involving at least 100 hours during the year following your seminar, to make a difference in your school, community, place of worship, or other environment where you see a need. The program also includes outstanding speakers, leadership activities, social events, and a special closing ceremony to which your parents are invited.
- \* **What are the accommodations like?** Participants will be assigned to hotel rooms with **four** participants per room on floors reserved exclusively for the seminar. Everyone will receive nutritious breakfasts, lunches, and dinners. On the Medical History Records Form, please indicate any special dietary considerations, including vegetarianism, and we will do our best to accommodate you.
- \* **What if I need to take medication while I am at the seminar?** 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.
- \* **If necessary, how may I be contacted during the seminar?** Parents, friends, and family members are discouraged from calling students during the seminar due to the disruption caused to panels and activities. In case of emergency, your parent(s) or guardian may call **Robbie Hubbard at 479-640-1982** or **Missy Mayhall at 479-531-0765**. The seminar will be chaperoned by qualified adults who will be staying at the facility 24 hours a day.
- \* **Who pays for the seminar?** Your school or parent has paid a \$150 Registration Fee and will provide transportation to and from the seminar. All costs for meals, lodging and training materials have been generously provided by sponsors throughout our state, including businesses, foundations, individuals, and service organizations wishing to support leadership education.
- \* **What should I wear at the seminar?** Dress is casual throughout the weekend. Dress for Sunday is church dress/business casual. You will be provided a HOBY t-shirt to wear Saturday. Most of the community service projects will occur outdoors. Due to the outdoor activities, you may be most comfortable wearing tennis shoes, and (school length appropriate) shorts or jeans. We also would suggest you pack a sweatshirt and/or a coat/jacket. Be sure and check the weather for the weekend.
- \* **What about religious services?** Services will be available for students; there will be provisions for a non-denominational service in the schedule. There will also be a non-religious alternative for those not wishing to participate in the non-denominational service. All ambassadors must sign up for one of the Sunday morning options.
- \* **What transportation arrangements have been made?** You are responsible for your transportation **to and from the seminar**. Please include all details of your itinerary on the enclosed Participant Confirmation Form. We are working on a Chartered Bus that will start in Pine Bluff and make several stops through Arkansas on **Thursday** afternoon. Please check the **documents/info tab** at [www.arkansashoby.com](http://www.arkansashoby.com) for updated information on the bus. Also there will be an email for you to send to reserve your space on the bus. If you have last minute transportation problems, please notify Robbie Hubbard at 479-640-1982.

## **Answers to Frequently Asked Questions from Students and Parents cont.**



- \* **What if I am unable to attend the seminar?** If circumstances arise that prevent you from attending the entire seminar, including overnight, we would like to give another student the opportunity to attend. Please return these forms to the person at your school who selected you, and follow up with a call to Robbie Hubbard at 479-640-1982.
- \* **Who may I contact should I have additional questions?** Additional questions or concerns should be directed to Robbie Hubbard, Director of Recruitment , 479-640-1982 or [Robbie@arkansashoby.com](mailto:Robbie@arkansashoby.com)
- \* **What action should I take now?** With your parent or guardian, carefully review, complete and sign the forms enclosed with this packet and return to **Robbie Hubbard, 2314 SW 16<sup>th</sup> Street, Bentonville, AR 72712, 479-640-1982 by February 27<sup>th</sup> 2012.**



Please return this form by 3-21-2012 to:  
Robbie Hubbard, 2314 SW 16<sup>th</sup> Street, Bentonville, AR 72712  
Fax 479-271-9573  
(Email) [Robbie@arkansashoby.com](mailto:Robbie@arkansashoby.com) (Phone) 479-640-1982

### Participant Confirmation Form

(Please type or print legibly)

Mr.  / Ms.  \_\_\_\_\_  
(Last name) (First name)

Preferred name for nametag: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security # (last 4 digits only): \_\_\_\_\_

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

*Note: Participants that drive themselves to the seminar are required to surrender their car keys upon arrival; they will be returned at the conclusion of the seminar.*

*Parents: HOBY strongly discourages students from driving themselves to and from the seminar; students are typically very tired by the end of the weekend.*

If traveling by bus, train, or plane – Name of Carrier: \_\_\_\_\_

Bus/Train/Flight Number: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ AM / PM

How will student be transported between bus/airport/train station and seminar facility? \_\_\_\_\_

If departure plans are different, please explain: \_\_\_\_\_

If departing by bus, train, or plane – Name of Carrier: \_\_\_\_\_

Bus/Train/Flight Number: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ AM / PM

**I UNDERSTAND THAT ALL TRANSPORTATION TO AND FROM THE SEMINAR FACILITY IS MY RESPONSIBILITY. THIS INCLUDES RESPONSIBILITY FOR MY SON OR DAUGHTER DURING ANY CONNECTION FLIGHTS, BUS TRANSFERS, OR IN BETWEEN MODES OF TRANSPORTATION.**

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Please return this form by 3-21-2012 to:  
 Robbie Hubbard, 2314 SW 16<sup>th</sup> Street, Bentonville, AR 72712  
 Fax 479-271-9573  
 (Email) [Robbie@arkansashoby.com](mailto:Robbie@arkansashoby.com) (Phone) 479-640-1982

## Medical History Records Form

(Please type or print legibly)

Dear Participant:

For our records, and for your protection, please have your parent or legal guardian complete this form in its entirety. Please provide ALL requested information and obtain the signature of your parent or legal guardian.

### PARTICIPANT 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	

### PARTICIPANT 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 stomach       |
| <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 participant require for any of the above conditions? \_\_\_\_\_

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

Please list allergies (insect stings, plants, etc.): \_\_\_\_\_

## Medical History Records Form (page 2) Return this Form

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

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Please list any prescription medications the participant 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 participant takes regularly. **Please read HOBY's Policy for Use of Medication During a HOBY Event and have the participant bring a doctor's note or completed Medication Verification Form for Physicians to the seminar.** By signing this form, you attest that the use of the medication will not impair the participant'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.

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**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 hereby give my permission to HOBY to store the above prescription medication listed to my child. I understand and have discussed with my child that it is the responsibility of my child to take the medication as directed by his or her physician while at a HOBY event. I also 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 my child 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 and they are not liable in the possibility that a child misses a prescribed dose or in the event the medication is administered incorrectly. 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. I also understand that the HOBY staff, volunteers and HOBY, as an organization, are not responsible if my child fails to present themselves at the announced places/times to take the above specified medication.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Policy for Use of Medication During a HOBY Event**


**If a minor or adult participant is required to take medication during a HOBY event, including the HOBY Leadership Seminar, he/she must comply with the following guidelines:**

1. HOBY volunteers will not dispense prescription medication for participants during the event.
2. Any participant bringing prescription medication to the event must submit a doctor's note or completed Physician Medication Verification Form to HOBY, preferably in advance or at the event check-in, detailing the following:
  - a. The name and type of medication.
  - b. The condition for which the medication is being prescribed.
  - c. Dosage information.
  - d. Attestation that use of the medication will not impair the participant'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.

This information is necessary to provide medical personnel in the case of emergency and the participant is unable to communicate the information. All prescription medication must be submitted to HOBY in its original container as labeled by the pharmacy. HOBY will store required medications in a locked facility. The medications a participant may be allowed to keep in his/her possession is any asthma medications (inhalers, oral steroids, etc.), birth control pills, acne medication, any topical medications, allergy medications, medications for treatment of diabetes (insulin, etc.) and EpiPens, as well as any other prescription medication required by the doctor to be in their possession at all times. But there will need to be a doctor's note completed and on file for all medication brought to the event, whether stored or not.

If a participant fails to advise HOBY that he/she is taking prescription medication, is not taking the medication as prescribed, and/or has stopped taking prescription medication, HOBY reserves the right to send the participant home at the participant's guardian or parent's expense.

3. If the participant has a medical condition that requires any assistance, the assistance must be provided or contracted directly by the participant or his/her parent/guardian. Under no circumstances will a HOBY volunteer help with dispensing medication. If help is needed on an emergency basis, emergency personnel will be contacted.
4. Proper administration and dosage of medication shall be the sole responsibility of the participant. HOBY will have no responsibility in seeing that the participant takes the medication as prescribed by the doctor.
5. Participants should only bring as much medication as will reasonably be needed during the event.
6. Participants are prohibited from sharing their personal medication with another participant. Conversely, participants are prohibited from accepting medication from anyone, other than HOBY medical staff.
7. Any participant bringing illegal drugs, narcotics, misused prescription drugs and/or mood altering substances or alcoholic beverages to a HOBY event, using them on HOBY premises or dispensing or selling them on HOBY premises will be subject to disciplinary action, including automatic expulsion from the event. The discharged participant will be responsible for any charges/fees incurred as a result of leaving the event early (i.e. change in airfare, taxi, etc.). HOBY has a very strict/no-tolerance policy when it comes to drugs.

	Please return this form by 3-21-2012 to: Robbie Hubbard, 2314 SW 16 <sup>th</sup> Street, Bentonville, AR 72712 Fax 479-271-9573 (Email) <a href="mailto:Robbie@arkansashoby.com">Robbie@arkansashoby.com</a> (Phone) 479-640-1982
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## Medication Verification Form for Physicians

(Please type or print legibly)

(This form is to be completed by the participant's prescribing physician. If the participant has more than one prescribing physician, then each physician will need to complete a form. Please type or print legibly.)

1. Name of Participant/Patient: \_\_\_\_\_
2. Prescribing Physician Name: \_\_\_\_\_
3. Prescribing Physician Medical License Number and State where licensed: \_\_\_\_\_
4. Please complete the chart below for the medications which you have prescribed to the participant.

Name of Medication	Type of Medication	Condition for Treatment	Dosage	Frequency

5. Please affix physician's business card or voided prescription in the space below.

**This Page only fill out if you are currently taking any Prescriptions from a Doctor**

As the prescribing physician, I attest that the use of the medications prescribed by me, and taken as directed as listed above, should not impair the participant'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.

Signature of Prescribing Physician: \_\_\_\_\_ Date: \_\_\_\_\_



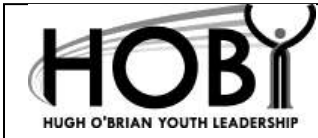
Please return this form by 3-21-2012 to:  
Robbie Hubbard, 2314 SW 16<sup>th</sup> Street, Bentonville, AR 72712  
Fax 479-271-9573  
(Email) [Robbie@arkansashoby.com](mailto:Robbie@arkansashoby.com) (Phone) 479-640-1982

## Health Insurance Form

(Please type or print legibly)

1. Name of Participant: \_\_\_\_\_
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 of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Please return this form by 3-21-2012 to:  
Robbie Hubbard, 2314 SW 16<sup>th</sup> Street, Bentonville, AR 72712  
Fax 479-271-9573  
(Email) [Robbie@arkansashoby.com](mailto:Robbie@arkansashoby.com) (Phone) 479-640-1982

## Consent & Acknowledgement of Risk Form

(Please type or print legibly)

Participant's Name: \_\_\_\_\_

Event/Activities: HOBY Arkansas Leadership Seminar

Dates: May 4-6, 2012 Location: Double Tree by Hilton, Bentonville, AR

IN CONSIDERATION of the right to attend and participate in the Activities described above, the Participant (and, if the Participant is a minor, his or her parent or legal guardian) 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 Participant, in the event of the Participant'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 Participant's name, voice, and likeness in any writings, photographs, films, and recordings of the Participant while he or she is participating in the Activities, and any biographical information submitted by the Participant 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 Participant 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 Participant or others that may occur as a result of the Participant'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 Participant'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 Participant 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 Los Angeles, California;
- 7) The Participant (and, if the participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of Risk, and understands its contents.
- 8)

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

### IF PARTICIPANT IS A MINOR, SIGNATURE OF HIS OR HER PARENT/LEGAL GUARDIAN IS REQUIRED:

Name of Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Please return this form by 3-21-2012 to:  
Robbie Hubbard, 2314 SW 16<sup>th</sup> Street, Bentonville, AR 72712  
Fax 479-271-9573  
(Email) [Robbie@arkansashoby.com](mailto:Robbie@arkansashoby.com) (Phone) 479-640-1982

### Notice of Privacy Practices

WE PROVIDE THIS NOTICE TO DESCRIBE HOW MEDICAL INFORMATION ABOUT YOUR CHILD OR DEPENDENT 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 child or dependent's medical information. We may preserve the medical disclosure information ("medical information") concerning your child or dependent 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 your child or dependent in the event of an emergency. This notice describes how we may use and disclose your child or dependent's medical information. It also describes your rights, the rights of your child or dependent, and our legal obligations with respect to your child or dependent's medical information.*

**A. How HOBY May Use Or Disclose Your Child Or Dependent's Medical Information**

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

1. Treatment. In the event of an emergency, we will provide medical information about your child or dependent to the appropriate health care provider to provide for the medical care of your child or dependent. We may also disclose medical information to members of your family or others who can help your child or dependent if you are not available.
2. Awareness. We may also provide medical information about your child or dependent to HOBY employees and/or volunteers to the extent necessary.
3. Alumni Activities. We may provide medical information about your child or dependent to HOBY employees and/or volunteers in connection with alumni activities or events in which your child or dependent may be a participant.
4. Limited Disclosure. We will limit the use and disclose of medical information about your child or dependent 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 your child or dependent 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 of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Participant: \_\_\_\_\_



## 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, laptop computers, iPads, 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.

☒ **Signature of Participating Ambassador:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☒ **Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### *Parent's Orientation/Closing Ceremonies Information*

Dear Parent/Guardian:

Congratulations on your child's selection as an Ambassador to this year's Arkansas Hugh O'Brian Youth (HOBY) Leadership Seminar. This achievement is quite an honor and both you and your son/daughter should be proud. Since we are eager to have parents/guardians and family members learn more about the HOBY Leadership Seminar and our organization, you are cordially invited to visit the seminar on **Sunday, May 6<sup>th</sup>, 2012 at Double Tree by Hilton, Bentonville, AR 72712**

Please join us for our Parent Orientation at 10:00AM followed by our Closing Ceremonies at **Double Tree by Hilton, Bentonville, AR 72712 at 11 AM**. Enclosed is the Reservation Form. Please complete this form and return it with your child's registration.

The Parent Orientation and Closing Ceremonies are both free of charge. The morning activities are scheduled to conclude at 12:00 p.m. and your child will be able to head home and embark on an "outstanding" future at this time.

Thank you for giving us the opportunity to work with your talented child.

Sincerely,



Missy Mayhall  
Arkansas HOBY Leadership Seminar Chairperson  
[missy@arkansashoby.com](mailto:missy@arkansashoby.com)  
479-531-0765



## Parent's Luncheon Reservation Form

(Please type or print legibly)

#of people \_\_\_\_ Yes, I/we will attend the Parent Orientation (*free of charge*)

#of people \_\_\_\_ Yes, I/we will attend the Closing Ceremonies (*free of charge*).

Parent/Guardian Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_

HOBY Student's Name: \_\_\_\_\_

*Please return this reservation form along with all registration paperwork to:*

**Robbie Hubbard  
2314 SW 16<sup>th</sup> Street  
Bentonville, AR 72712**

## Suggested Packing List

- Toiletries – shampoo, deodorant, toothbrush, toothpaste, personal care products.
- Hair dryer – Hotel Room may or may not have Hair Dryer
- Clothing
  - Casual, comfortable clothing – shirts, shorts, jeans/long pants, etc.
  - Nice dress attire for Sunday
    - Ladies – skirts, dresses or dress pants
    - Men – dress pants and shirt
  - **Jacket, sweatshirt or other long sleeve shirts – Our Leadership for Service may be outside. Please bring weather appropriate clothing.**
- Sturdy walking shoes
- Umbrella and/or rain coat
- Small amount of spending money (optional – for HOBY merchandise and other items available during the weekend)
- Camera
- Prescription Medication – **\*see notes below\***
- OTC medication as needed
- Directions to DoubleTree Suites by Hilton Hotel Bentonville  
301 SE Walton Blvd, Bentonville, AR 72712
- Any completed pre-seminar forms. (applies only to late registrants)

### Prescription Medication:

If applicable, be sure to bring any prescription medication. Please bring only as much medication as will reasonably be needed during the HOBY event (3 days). Medication must be in its **original** container as labeled by the pharmacy. A Medication Verification Form for Physicians must be on file for all prescription medications. Please refer to the Policy for Use of Medication During a HOBY Event included in the pre-seminar materials for more information.

### Check In:

Check in will start at **7:30AM** on 5-4-2012 and last until **8:30AM**. Please make every effort to arrive during that time frame. Check in and room assignments will be handled at **DoubleTree Suites by Hilton Hotel Bentonville 301 SE Walton Blvd, Bentonville, AR 72712**

### Questions:

Please contact at Robbie Hubbard, 479-640-1982 or [Robbie@arkansashoby.com](mailto:Robbie@arkansashoby.com)



## Attention Parents

HOBY has partnered with College Options Foundation to make “*The Total College Success*” DVD Program available at the Arkansas HOBY Leadership Seminar for parents, ambassadors, and alumni.

### The DVD program includes the following:

- The Complete Guide to College Financing & Admissions
- The Successful Student Guide to the SAT-ACT eBooks
- Understanding Athletic Recruiting
- Student Planning Guide
- Zero Hour Threat I and II



This DVD Program takes students and parents through the entire college selection, admissions, and financing process and includes amazing resources to help college-bound students in this often confusing and trying process.

*The DVD will be available at the seminar at the Parent’s Luncheon / Closing Ceremony for \$24– OR – use the attached pre-order form and you’ll be able to pick up your copy at closing ceremonies.*

*Payment can be made via check, (payable to **ArkansasHOBY**); or cash. Each DVD sold helps support the Arkansas HOBY seminar.*

### Here’s what a parent of a HOBY Ambassador had to say about the DVD program:

*Dear Terry,  
I wanted to send you this note to thank you for the wonderful programs we received at HOBY. I cannot believe how much time the DVD will save us in the college search, and I have only just reviewed them! I know the potential must be HUGE, since I have only spent a short amount of time reviewing them, and already have a better plan!! I am amazed at how this program will help in taking the test. My daughter is bound to do better on her scores with this valuable information. Again, I would like to thank you for the awesome opportunity to save so much money in our college expenses, not to mention the time saved as well!*

*Sincerely, Marybeth Milton*





# The Total College Success DVD Program Order Form

**The DVD program includes the following:**

- The Complete Guide to College Financing & Admissions
- The Successful Student Guide to the SAT-ACT eBooks
- Understanding Athletic Recruiting
- Student Planning Guide
- Zero Hour Threat I and II



*This DVD Program takes students and parents through the entire college selection, admissions, and financing process and includes amazing resources to help college-bound students in this often confusing and trying process. Along with the Complete Guide to College Financing and Admissions, you'll also receive Zero Hour Threat I&II, the SAT Prep Games, two Successful Students E-books and the Student Planning Guide, which is a step by step timeline for college bound students throughout their high school years.*

***The DVD program is available to HOBY Ambassadors, Parents and Alumni for a limited time at the discounted rate of \$24.***

***You can pick up your DVD at closing ceremony / parent's program***

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*Please print or type*

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

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Return Order Form  
with Payment by 3-21-2012  
to:**

Robbie Hubbard  
2314 SW 16<sup>th</sup> Street  
Bentonville, AR 72712

**Payment Method:**  Check {Make payable to ArkansasHOBY}  
 Cash {pay at pick-up}



## **HOBY Leadership Seminar**

# *Student Ambassador's Advance Booklet*

***Our purpose is to teach  
you "how" to think,  
not "what" to think.***

“An extraordinarily high proportion of HOBY participants have gone on to leadership positions in business, government and education. This is just one of the reasons leading colleges and universities take special notice of student applications that feature HOBY participation.”

Dr. Malcolm Gillis, Professor and  
Past President of Rice University

**Hugh O'Brian Youth Leadership – International Office**  
31255 Cedar Valley Dr, Ste 327 / West Lake Village, CA 91362  
Phone: (818) 851-3980 / Fax: (818) 851-3999 / Email: [hoby@hoby.org](mailto:hoby@hoby.org)  
[www.hoby.org](http://www.hoby.org)



Dear Student,

Congratulations! You will soon become a “**HOBY Ambassador**” and embark on what I hope will be one of the most exciting, educational, memorable, and fun experiences of your young life – your **OUTSTANDING HOBY Leadership Seminar**. During these three or four days, you will learn a great deal about yourself and your world, both current and future. You will also have a tremendous amount of fun.

You have the honor of having been selected to represent your school and community because of your leadership potential. But please remember, “To whom much is given, much is expected.” Along with the title of “HOBY Ambassador” comes the responsibility of becoming an informed citizen who truly understands our nation’s free market incentive system made possible by America’s democratic process. Read, stay informed and discuss with your friends, family, and teachers today’s current events before you attend HOBY.

To help make your experience memorable, this booklet outlines the following HOBY topics:

- Mission Statement
- Leadership Seminar
- Methodology
- Panel Themes

The HOBY Volunteer Planning Committee in your state (the men and women who give of their time to “build” your HOBY experience) and I are very proud of your potential.

Your friend,

A handwritten signature in black ink that reads "Hugh O'Brian". The signature is written in a cursive, flowing style.

Hugh O'Brian  
**Founder**

*P.S. Please be sure to share this booklet with your parents, friends, school counselor and principal.*

## **HOB Y MISSION STATEMENT**

The mission of Hugh O'Brian Youth Leadership is to inspire and develop our global community of youth and volunteers to a life dedicated to leadership, service and innovation.

*HOB Y carries out its mission by:*

- **Promoting leadership development in a three-phase approach.** The HOB Y Core Curriculum explores individual leadership, leadership in groups, and leadership in society.
- **Providing interactive opportunities for critical thinking.** You will participate in question-and-answer sessions with recognized leaders in your community and engage in groups and activities that challenge your ideas and intensify your understanding.
- **Encouraging social responsibility and service among individuals and corporations.** You will be able to focus on the importance of social responsibility and community service through hands-on experience.

*"Education plays an essential role in helping students develop into future leaders. The skills and ideas young people acquire will help them make wise decisions in the coming years. Through these seminars, held annually in each of our United States, Hugh O'Brian Youth Leadership (HOB Y) provides excellent opportunities for students to better understand the workings of democracy and the free enterprise system." **George W. Bush, 43<sup>rd</sup> President of the United States***

**HOB Y DEFINES...** **Ambassador** as "an outstanding 10<sup>th</sup> grader who participates in a HOB Y seminar and who, upon returning home, is charged with providing visionary leadership to his/her classmates and community."

## **THE LEADERSHIP SEMINAR**

In 1958, Hugh O'Brian returned from a visit with Dr. Albert Schweitzer in Africa and was inspired by the great humanitarian's belief that "the most important thing in education is to teach young people to think for themselves." Two weeks after returning to Los Angeles, Mr. O'Brian established HOB Y. Since then, more than 345,000 students have attended HOB Y Leadership Seminars. The HOB Y Leadership Seminar you have been selected to attend is one of many that will be held in the United States and Canada this spring. All public, private and charter high schools are invited to participate in HOB Y, and programs are held for students in every state. You are now a welcome member of HOB Y's large and ever-expanding family.

### ***Positive outcomes of participating in the HOB Y Leadership Seminar:***

- **Improved critical thinking skills.** By presenting multiple viewpoints on important issues, HOB Y encourages you to evaluate all issues from a critical perspective. Effective leaders make informed decisions.
- **Enhanced leadership skills.** HOB Y's phase-based curriculum, question-and-answer sessions with community leaders, small group discussions, interactive activities, hands-on service-learning experiences, and opportunities to engage in leadership roles enable you to better understand leadership and begin to identify your own particular leadership strengths.
- **Developing goal-setting skills.** All aspects of the HOB Y Leadership Seminar are geared to encourage you to see leadership as a life-goal worth pursuing. At the conclusion of the HOB Y Leadership Seminar, you are encouraged to identify personal goals and commit to achieving one or more within the six months that follow.

- **Realizing the importance of leadership.** Through HOBY's *Leadership for Service* program, you are challenged to complete 100 hours of service in your communities and to create service opportunities for others.

## HOBY METHODOLOGY

HOBY Leadership Seminars apply the Social Change Model of Leadership, developing self-knowledge and leadership competence in each student. The model examines leadership through three phases: personal, group and community/society. Participants will discover and cultivate personal leadership qualities, learn how to use those qualities to maximize the success of groups in which they works (school, work, community, etc), and explore the role of their leadership in society. The program will also incorporate a Leadership for Service component, which involves exploring a societal issue, performing a project, reflecting and goal setting, through which, the participants should identify their role in the community and discover ways they can implement change. The overall program will reflect the HOBY theme "Empower. Lead. Excel."

### Core Curriculum

Each phase of the Leadership Curriculum is explored through an introductory module; a speaker or panel, focusing on question-and-answer and small-group formats; and an activity that provides an opportunity to implement the leadership ideas explored in the phase.

### Panel Sessions

In panel sessions, three to four panelists with divergent viewpoints are chosen to emphasize the critical thinking component of leadership: "HOW" TO THINK, NOT "WHAT" TO THINK.

The general structure of most panel sessions:

Session	Minutes
Group/Individual Presentations	3-5 each
Q & A session	30-40
Small group discussion	30-40
<i>Total time per session</i>	<i>90 minutes</i>

*"I was chosen to represent Arkansas... My world was never the same, and the friendships I made during that experience are friendships that have endured to the present ... I seriously doubt that I would be the Governor of my state today had I not been a HOBY delegate as a high school sophomore."*

**Mike Huckabee, 1971 Arkansas HOBY Alumnus and**

### Leadership Activities

Participants will explore and experience leadership through a variety of activities during the HOBY Leadership Seminar. Get ready for fun activities that your HOBY Seminar Volunteer Committee has planned for you!

- Introspective opportunities to think about yourself as a leader
- Interaction with panelists and keynote speakers
- Opportunities to exercise leadership competencies
- Leadership games and simulation activities

*"HOBY created for me a passion in community service. If it wasn't for HOBY, I never would have realized the benefits community service provides not only to others but also myself."*

**Mieko Treaster, 1998 Hawaii HOBY Alumna**

### **The Seminar will also include the following:**

**Orientation** – *The Volunteer Seminar Chairperson will give an orientation on HOBY, which includes an overview of the schedule for your HOBY experience.*

**Fun Activities** – *There will also be opportunities to socialize and meet new OUTSTANDING friends, and participate in various leadership development games and activities.*

**“Life With HOBY” Session** – You will learn about HOBY alumni clubs and chapters. There are a variety of opportunities for volunteer service in the community and continuing education opportunities available to HOBY participants. Just check out:  
<http://www.hoby.org/Alumni/Opportunities.shtml>.

*“The most profitable investment in our future lies in the employment of today’s youth. HOBY’s commitment, to motivate tomorrow’s leaders today, has definitely made the difference for so many of today’s professionals. It is my hope that we will (all) take seriously this charge. The future becomes brighter and brighter as each student is encouraged.”*

**Eurmon Hervey, 1983 Mississippi  
HOBY Alumnus and Teacher**

*Did you know that as a HOBY Ambassador, you will automatically be listed in the next edition of “Who’s Who Among High School Students?” You will be! And that is only the start of the benefit HOBY participation will bring you during the coming years. Remember to include your HOBY experience on your college applications, too!*

**World Leadership Congress** – A highlight of the HOBY year is the World Leadership Congress (WLC) held each summer in Washington, D.C. At the WLC, more than 300 U.S. high school sophomores come together with a hundred more from all over the world for a week-long “super bowl” of HOBY leadership seminars. Want to know more about this once-in-a-lifetime opportunity? Visit <http://www.hoby.org/wlc/index.shtml>

### **A final message from your Volunteer Seminar Planning Committee...**

*All the ingredients are in place to give you a weekend that could change your life.*

*At HOBY we say, “To be enthusiastic, you must act enthusiastic.” If you do just that, your HOBY Leadership Seminar will be something you will never forget. The seminar is for YOU – make the most of it! As Hugh likes to point out, you will get out of it exactly what you put into it. **Go for it!***

*“HOBY continues to be a vital program serving our youth. NASSP has enjoyed a professional relationship with Hugh O’Brian and HOBY since 1972. We believe that the long history and commitment of these outstanding HOBY programs are most worthy of our and your support as they continue to contribute effectively to the development of young people. HOBY has my full support and personal endorsement.”*

**Gerald Tirozzi, PhD, Executive Director  
of the National Association of  
Secondary School Principals**