

## YOUTH RALLY COMMITTEE, INC.

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## Dear Provider:

The attached form requires completion as part of the application process for your patient's participation in the 2019 Youth Rally. Please note that any answers provided will not exclude the application from approval – unless you specifically note that the intended camper is not an appropriate candidate for the type of setting outlined here.

**PROGRAM OVERVIEW:** The Youth Rally is a recognized 501(c)(3) non-profit organization, operated 100% by volunteers, that puts on a 5-night camp each year for youth ages 11-17 living with various chronic conditions, congenital birth defects, and others who have been victims of physical trauma. What makes the Youth Rally unique is that more than 90% of the volunteer counselors (and many of our volunteer nurses) live with the same sorts of conditions as the camper participants - many of which require ostomy surgery or some alternate surgical diversion of the bowel or bladder system(s) in order to sustain life.

**YOUTH RALLY MISSION STATEMENT:** To provide an environment for adolescents living with conditions of the bowel and bladder that encourages self-confidence and independent living.

**PROGRAM PARTICIPANTS:** In 2018 the Youth Rally hosted 178 campers and 88 volunteers – 18 of them nurses to help support the campers to self-manage their conditions on-site. Youth Rally 2018 participants came from 43 US states and as far as St. Lucia, Canada, Germany, France, and the UK.

**LOCATION:** The 2019 Youth Rally will be hosted at the University of Washington in Seattle, WA. With a fully-accessible dormitory and meeting spaces, its close proximity to Seattle Children's hospital (in the event of unplanned illness), and an amalgam of local area attractions, UW is an ideal location for this camp.

**PROGRAM AGENDA:** Throughout the week we facilitate small and large group education sessions focusing around diagnoses, management techniques, self-esteem, health and wellness, college preparation, and patient advocacy. Recreational activities include a field trip, a fitness themed event at the campus recreation facility, a Makerspace, and an end-of-week themed Dance. All activities are designed to teach the youth participants that they can set goals and accomplish their dreams despite medical and physical challenges. Youth Rally is an opportunity for all participants to shine in an environment surrounded by their peers where they get the opportunity to be open and honest about their condition without fear of being ostracized for their differences, knowing that they are never alone!

## **2019 YOUTH RALLY APPLICANT - PROVIDER ATTESTATION**

Completed forms can be sent via email: <a href="mailto:registrar@youthrally.org">registrar@youthrally.org</a>, or Fax completed forms to: 1-877-712-4759 (fax), 314-452-7759 (phone)

| CAMPER INFORMATION                           |                           |   |
|--|---------------------------|---|
| Name:  |                           | DOB:  |
| Primary diagnosis related to bowel/bla       | adder:                    |   |
| Additional diagnoses related to bowel        | /bladder (please list):   |   |
| Additional medical diagnoses (please I       | ist):                     |   |
| Bowel/bladder surgical management (          | (if applicable):          |   |
|  |                           |   |
| staffed by volunteer counselors and n        | urses (examples might inc | participation in an overnight camp setting clude high-risk medications, need for close nsiderations, planned upcoming surgery): |
|  |                           |   |
| PROVIDER INFORMATION                         |                           |   |
| Name, Medical Credentials (please pri        | nt):                      |   |
| Practice where you treat the listed app      | plicant:                  |   |
| Practice City:                               | State:                    | Zip:  |
| Phone where you can be contacted if          | additional information is | s required:   |
| (signature of provider completing this form) |                           | (date form completed)   |