



GOLDMINE 2012



YOUTH LEADERSHIP SCHOOL



AUGUST 12-18, 2012

We begin at 4:00 pm on Sunday and go until noon on Saturday.

An intense six-day school for youth where you will:

- **Develop** your personal creed
- **Deepen** your knowledge of **Unitarian Universalists'** challenging religious heritage and values
- **Expand** your skills for growing healthy groups
- **Explore** paths of worship
- **Hone** leadership skills so you can better heal our world.
- **Learn** to be a better leader and communicator.

SACO, MAINE FERRY BEACH PARK ASSOCIATION

Food, showers, and tents are provided. Community is created. Bring your sleeping bag, a toothbrush, and an open mind. Be prepared to dig down deep and come out ready to give your gifts to the world.

**THESE SIX DAYS WILL CHANGE YOUR LIFE AND
YOUR COMMUNITY.**

*Application, Emergency Medical Information Form, Medical Waiver, Photo Release and
Community Covenant must be received by **April 20, 2012.***

Mail to: NNED-UUA, 10 Ferry St. Suite #318, Concord, NH 03301

Who should come? (Youth ages 14-18)

If you want to gain a new understanding and improve your leadership skills, GoldMine is for you. If you've

- Worked on a committee
- Held an office
- Taken part in a worship service
- Attended a meeting
- Felt moved by a justice issue
- Organized anything
- Participated in a discussion
- Been involved in a conflict
- Or wanted to do any of these things.

You can expect to gain the confidence and competence to put your faith in action to take a more meaningful role in the life of your congregation, your district, and your wider community. If you want to gain new understanding and improve your leadership skills, GoldMine is for you.

For more program information, contact the Adult Dean
Kimberly Paquette - 603-228-8704 - multigen@comcast.net

Fee per person is \$ 450

If your application is accepted, full payment is due by July 30.
Make checks payable to "NNED-UUA"/memo GoldMine

Application Deadline is April 20, 2012.

There is a 24-participant cap with preference given first to participants within the Northern New England District. Participation will be based on a selection process. Participants will be notified **by May 4, 2012** if they have been accepted.



*Application, Emergency Medical Information Form, Medical Waiver, Photo Release and Community Covenant must be received by **April 20, 2012.***

Mail to: NNED-UUA, 10 Ferry St. Suite #318, Concord, NH 03301

GoldMine Youth Leadership School 2012 Registration

Please use blue or black pen when completing this form

Name:	
Congregation:	
Youth E:mail:	
Guardian E-mail:	
Gender:	
Age:	
Address:	
City:	
State/Province:	
Zip/ Postal Code:	
Phone:	()
T-shirt size?	S M L XL XXL
Veg? Vegan? Omnivore?	
Birthday:	
What you like to be called:	
Mode of Travel	

Payment/Refund Policy:

You will be notified by **May 4, 2012** if your application has been accepted. If accepted, your full payment must be received at NNED by **July 20, 2012**. If you are accepted and cancel before **July 20, 2012**, you will be assessed the standard \$15 processing fee. Cancellations after July 20, 2012 or no-show may forfeit entire application fee.

Application must be received by April 20, 2012.

*Application, Emergency Medical Information Form, Medical Waiver, Photo Release and
Community Covenant must be received by **April 20, 2012.**
Mail to: NNED-UUA, 10 Ferry St. Suite #318, Concord, NH 03301*

Special needs or concerns:

Food preferences:

Describe briefly any leadership experience you've had — in UU settings, school, work, or other places:

How long have you been associated with Unitarian Universalism?

What aspect of your UU community do you enjoy the most?

What do you expect to gain from your week at this Leadership School?

How do you want to use what you learn from this experience (in UU settings, school, work, or other places)?

*Application, Emergency Medical Information Form, Medical Waiver, Photo Release and
Community Covenant must be received by **April 20, 2012.**
Mail to: NNED-UUA, 10 Ferry St. Suite #318, Concord, NH 03301*

Name a person (living or dead) you consider to be a good leader and say why:

Tell us about something that brings you joy, and about a person you admire and why:

Authorization of Minister and/or Director of Religious Education*

Name: _____

Position in Congregation: _____

Signature: _____

Date: _____

Phone: _____

Email: _____

* Note to Minister and/or Director of Religious Education— In order to ensure that participants are those identified by their congregations as leaders, we ask for your recommendation. Your signature indicates that you endorse the participation of this individual and that you believe they have the motivation and skills necessary to participate in and benefit from an intense leadership program.

GoldMine 2012 Emergency Medical Information

GoldMiner's Name: _____

Date of last Tetanus shot: _____

Medical Permission/Waiver: Please sign and date appropriate section below.

Applicants age 18 and older: I hereby give consent to the camp staff to seek emergency medical treatment for me including related transportation, ordering x-rays, routine tests, anesthetic, medical and surgical diagnosis or treatment, or hospital services. I agree to the release of any records necessary for insurance purposes.

Signature of Applicant and date: _____

Custodial Parent / Guardian of Applicants under the age of 18: In the event that I, the custodial parent or guardian, cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment including hospitalization for the camper named in this Application.

Signature of Custodial Parent / Guardian for Applicants under 18 and date:

Printed Name of Custodial Parent / Guardian for Applicants under 18:

Emergency Contact info: List two individuals in your family or community whom we may contact.

Last Name	First Name	Relationship
-----------	------------	--------------

Telephone: Home ()	Work ()	Cell ()
---------------------	----------	----------

Last Name	First Name	Relationship
-----------	------------	--------------

Telephone: Home ()	Work ()	Cell ()
---------------------	----------	----------

Medical Conditions:

Describe any physical limitations and/or restrictions, disabilities, medical or food allergies, etc. Please list all medications you are currently taking. (Use back of sheet if necessary.)

*Application, Emergency Medical Information Form, Medical Waiver, Photo Release and
Community Covenant must be received by **April 20, 2012.**
Mail to: NNED-UUA, 10 Ferry St. Suite #318, Concord, NH 03301*

GoldMine 2012 Community Covenant

While we expect the level of commitment and the intensity of work during GoldMine to be such that it will preclude any of getting into trouble, we also think it is helpful to set out some guidelines for behavior to prevent any misunderstandings.

- This will be an alcohol-, tobacco-, and other drug-free week for all GoldMine participants, including staff.
- You are expected to stay on with the camp staff during the week. Exceptions are only with explicit permission of a staff member.
- Possession of weapons, illegal drugs, and pets is strictly prohibited.
- Patently sexual behavior is inappropriate in this intentional community. Although sexuality is something to be valued and developed in persons of all ages it detracts from and confuses community building and our goal of inclusiveness. Hugs are okay and encouraged, because they are easily inclusive.

We think of our GoldMine community as a circle of individuals focused around a center-point which is our group purpose: to experience a challenging and inspiring week of activities - at times alone, at times together. Generally, we expect each person's individual behavior to contribute toward the center of our circle.

GoldMine is designed to be a concentrated event; it is NOT a "conference" in the usual sense. The days will be long, varied and demanding, with little free time, per se. This will not be an appropriate setting for dealing with personal life crisis issues.

Nonetheless, the community we create together will be safe, supportive, and fun. We aim to give each participant as a full a sense of their own developing leadership (including "self-leadership") abilities as possible in a short week. We are eager to join with you in this endeavor.

Do you understand and agree to the guidelines above? If so, please sign:

Signature: _____ Date: _____

*Application, Emergency Medical Information Form, Medical Waiver, Photo Release and
Community Covenant must be received by **April 20, 2012.**
Mail to: NNED-UUA, 10 Ferry St. Suite #318, Concord, NH 03301*

Waiver of Liability

In consideration of voluntary participation in projects such as clean-ups, ecological work, etc. on the grounds of the Ferry Beach Park Association, I hereby for myself, my heirs, executors, assigns and personal representatives, forever waive and release any and all claims for damages I now or may hereafter have, whether now known or unknown, against the Northern New England District of the UUA or Ferry Beach Park Association, its elected officials, employees, agents, and volunteer workers, for any injuries suffered in connection or arising out of participation in said activities. I understand that I will be volunteering my time to work on these projects and therefore will not be compensated monetarily or otherwise by the NNED of the UUA, or Ferry Beach Park Association.

PLEASE PRINT

Date: _____

Participant's Name: _____

Signature of Participant _____

Signature of Parent or Guardian _____
(required for participants under 18 years of age)

Photo Release

I grant permission for the Northern New England District of the UUA and Ferry Beach Park Association to use any quotations, photographs, or videotapes of my child/me during this event for promotional purposes, both online and in print.

Signature _____ Date _____

*Application, Emergency Medical Information Form, Medical Waiver, Photo Release and
Community Covenant must be received by **April 20, 2012.**
Mail to: NNED-UUA, 10 Ferry St. Suite #318, Concord, NH 03301*

*Application, Emergency Medical Information Form, Medical Waiver, Photo Release and
Community Covenant must be received by **April 20, 2012.**
Mail to: NNED-UUA, 10 Ferry St. Suite #318, Concord, NH 03301*