



8th Annual Rites of Passage Adventure Weekend ~ RPAW8 2010

Thursday August 19 – Sunday August 22

JOURNEYMAN STAFF Personal Information Sheet

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Alternate Telephone: _____

E-Mail Address: _____

Fax completed form to 303.889.2811

Then mail this form and the \$100.00 Staffing Fee to:

Threshold Passages, Inc.

P.O. Box 270895

Littleton, CO 80127

Please read the following agreement and sign only if you can live up to the promises stated.

I realize that staffing an RPAW is an act of service to other boys. I realize that this weekend will involve hard work and lots of fun. I am committed to being there for the entire RPAW from Thursday night to Sunday afternoon or I will make the appropriate special arrangements with the TPI staff. I will endeavor to represent TPI in the best possible way. I will abide by the instructions of the TPI staff. I will not, through action or inaction, allow harm to come to others or myself during the RPAW. I will not willfully damage the facility or any equipment used for the RPAW. If I act in any way inappropriate, I am in agreement to being reminded of the promises I have made by the TPI staff and I will immediately correct the problem.

Signature: _____ Date: _____

JMan RPAW8 Staffing Requirements

The opportunities for meeting your requirements to STAFF the next Rites of Passage Adventure Weekend (RPAW) are listed below. You may pick ones that you can make and some of these will take place on regular JGroup nights. IF you intend to STAFF RPAW8, you MUST meet these requirements by Tuesday, August 10th, 2010, at the All-Hands Meeting or set up alternative arrangements with RPAW Coordinator via phone at 303.889.2801. We are looking forward to seeing you show up with all that you bring to initiate 16-20 new boys.

If you do not want to staff RPAW8, we respect that decision.

The requirements are in **bold** and you will need to schedule your own travel logistics if you want to attend.

2 - Service Days

CPR Certification = 1 Service Day
RPAW8 Go/NoGo Meeting = 1 Service Day
MTF logistical/facilitation support = 1 Service Day
RPAW8 Planning Meeting = 1 Service Day
RPAW8 Inventory Day = 1 Service Day
RPAW8 Honoring and Blessing Ceremony support = 1 Service Day

1 - Elder Interview

1 - Talisman Build

1 - ALL Hands Meeting

(((MAY)))

TPI Annual Board Meeting (RPAW8 Go/NoGo) – Tuesday, May 11, 6:30pm to 9:00pm @ Belden's mtg room

(((JUNE)))

Mentoring Teenage Fire – Saturday, June 5, 8:00am to 5:00pm @ City View Park
RPAW8 Planning Meeting #1 – Monday, June 7, 6:30pm to 9:00pm, @ Belden's mtg room
JGroup 7 #22 – CPR Training – Tuesday, June 15, 6:30pm to 8:30pm @ Cameron Church
JGroup 7 #23 – Elder Interview/Talisman Build – Tuesday, June 29, 6:30pm to 8:30pm @ Cameron Church

(((JULY)))

RPAW8 Inventory day – Sunday, July 18, 10:00am to 2pm @ E. Lippolis house
JGroup 7 #24 – Elder Interview (make up session) – Tuesday, July 13, 6:30pm to 8:30pm @ Laser Quest
RPAW8 Planning Meeting #2 – Monday, July 19, 6:30pm to 9:00pm, @ Belden's mtg room

(((AUGUST)))

JGroup #26 – RPAW8 ALL-HANDS – Tuesday, August 10, 6:30pm to 9:00pm @ Cameron Church
RPAW8 - CONTAINER BUILD/STAFF – Thursday, August 19, 7:00pm @ Buffalo Creek, CO
RPAW8 – Thursday through Sunday, August 19-22 @ Buffalo Creek, CO
RPAW8 - HONORING CEREMONY – Thursday, August 26, 7:00pm to 8:30pm @ Hudson Gardens

Thanks,

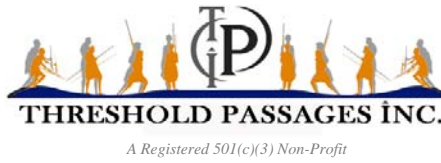
Michael Oliveira
JGroups Coordinator

Threshold Passages, Inc.
P.O. Box 270895
Littleton, CO 80127

303.889.2800 – Main
303.889.2811 - FAX

PHONE:
303.889.2803 - Training Coordinator
303.889.2801 - RPAW Coordinator
303.889.2809 - JGroups Info Line

EMAIL:
JGroup_@thresholdpassages.org
R_P_A_W_@thresholdpassages.org
L_E_A_D_@thresholdpassages.org



CONFIDENTIAL MEDICAL QUESTIONNAIRE

In order to acquaint our staff with your medical needs, we require that you complete this Confidential Medical Record. If you become ill or are injured on the weekend we may share this information with medical personnel. Otherwise, **all information will be kept strictly confidential.** Please complete every item in every section. Mark N/A if any section is not applicable. If you are mailing this form to us, please keep a photocopy.

General Information:

Name _____

Address _____

Daytime Phone _____ Evening Phone _____ Birth date ____/____/____

Emergency Contact _____ Relationship _____

Address _____ Daytime Phone _____

_____ Evening Phone _____

Physician _____ Phone _____

Insurance Co.: _____ Phone _____

Policy Number: _____ Expiration Date: _____

1. Do you have any medical or physical conditions that would affect your participation in the Rites of Passage Adventure Weekend (RPAW)?

2. Do you need any medication during the weekend? If so, please insure that our on-site medical personnel have a list of medications you will have on Thursday.



It is easier to build strong children,
than to repair broken men.
- Frederick Douglass
If we do not initiate the boys,
they will burn down the village.
- African Proverb

3. Do you have any emotional or psychological concerns that need to be addressed?

4. In case of medical emergency please list specific instructions:

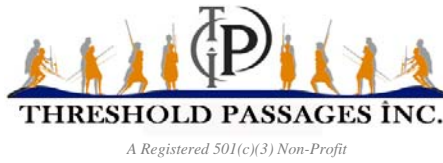
Medical History:

Do you have, or have ever had, any of the following conditions or symptoms?
Please specify **Yes** or **No** for each condition.

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
1.Vision Impairment	<input type="radio"/>	<input type="radio"/>	19.Difficulty Urinating	<input type="radio"/>	<input type="radio"/>	38.Learning Disability	<input type="radio"/>	<input type="radio"/>
2.Hearing Impairment	<input type="radio"/>	<input type="radio"/>	20.Kidney Problems	<input type="radio"/>	<input type="radio"/>	39.Frequent Dizziness	<input type="radio"/>	<input type="radio"/>
3.High Blood Pressure	<input type="radio"/>	<input type="radio"/>	21.Obesity	<input type="radio"/>	<input type="radio"/>	40.Frequent Fainting	<input type="radio"/>	<input type="radio"/>
4.Heart Disease	<input type="radio"/>	<input type="radio"/>	22.Arthritis	<input type="radio"/>	<input type="radio"/>	41.Diabetes	<input type="radio"/>	<input type="radio"/>
5.Heart Murmur	<input type="radio"/>	<input type="radio"/>	23.Broken Bones	<input type="radio"/>	<input type="radio"/>	42.Hypoglycemia	<input type="radio"/>	<input type="radio"/>
6.Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	24.Neck or Back Problems	<input type="radio"/>	<input type="radio"/>	43.Eating Disorders	<input type="radio"/>	<input type="radio"/>
7.Irregular Heartbeat	<input type="radio"/>	<input type="radio"/>	25.Joint Problems	<input type="radio"/>	<input type="radio"/>	44.Thyroid Problems	<input type="radio"/>	<input type="radio"/>
8.Family history of heart attack	<input type="radio"/>	<input type="radio"/>	26.Muscle Cramps	<input type="radio"/>	<input type="radio"/>	45.Endocrine or Gland Problems	<input type="radio"/>	<input type="radio"/>
9.Circulation Problems	<input type="radio"/>	<input type="radio"/>	27.Tuberculosis	<input type="radio"/>	<input type="radio"/>	46.Unexplained weight loss	<input type="radio"/>	<input type="radio"/>
10.Chest Pain/Pressure	<input type="radio"/>	<input type="radio"/>	28.Exposure to TB	<input type="radio"/>	<input type="radio"/>	47.Bleeding Disorder	<input type="radio"/>	<input type="radio"/>
11.Heart Palpitations	<input type="radio"/>	<input type="radio"/>	29.Recurrent lung infections	<input type="radio"/>	<input type="radio"/>	48.Blood disorder or anemia	<input type="radio"/>	<input type="radio"/>
12.Shortness of Breath	<input type="radio"/>	<input type="radio"/>	30.Active Hepatitis	<input type="radio"/>	<input type="radio"/>	49.Sickle cell disease or trait	<input type="radio"/>	<input type="radio"/>
13.Chronic cough	<input type="radio"/>	<input type="radio"/>	31.History of Hepatitis B or C	<input type="radio"/>	<input type="radio"/>	50.Cancer	<input type="radio"/>	<input type="radio"/>
14.Asthma	<input type="radio"/>	<input type="radio"/>	32.HIV Positive or AIDS	<input type="radio"/>	<input type="radio"/>	51.Skin Problems	<input type="radio"/>	<input type="radio"/>
15.Ulcers	<input type="radio"/>	<input type="radio"/>	33.Unexplained Sweating	<input type="radio"/>	<input type="radio"/>	52.Special Dietary Needs	<input type="radio"/>	<input type="radio"/>
16.Intestinal Problems	<input type="radio"/>	<input type="radio"/>	34.Seizure Disorder	<input type="radio"/>	<input type="radio"/>	53.Medical Equipment/Devices	<input type="radio"/>	<input type="radio"/>
17.Heartburn	<input type="radio"/>	<input type="radio"/>	35.Seizure within past year	<input type="radio"/>	<input type="radio"/>	54. Special Physical Requirements	<input type="radio"/>	<input type="radio"/>
18.Bladder Infections	<input type="radio"/>	<input type="radio"/>	36.Headaches	<input type="radio"/>	<input type="radio"/>	55.Psychiatric/Emotional Problems	<input type="radio"/>	<input type="radio"/>
			37.Significant Head Injury	<input type="radio"/>	<input type="radio"/>	56.Other	<input type="radio"/>	<input type="radio"/>

If you have answered "yes" to any of the above items, please explain in the **Detailed Responses** section at the bottom of this form.

Height _____ Weight _____ Age _____ Have you ever been hospitalized? Yes No



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Medications:

Are you taking **any** medications (prescription or nonprescription)? Yes No

If yes, please list below.

Medication	How much/how often	For	Current Side Effects

Medical Allergies

Do you have any allergies? Yes No If yes, please list below.

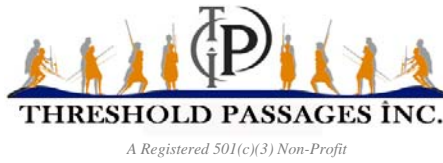
Medication	Reaction

Detailed Responses:

If you answered yes to any of the questions on Pages 1 and 2, explain below. Include the following:

- What specific symptoms are occurring
- How often symptoms/conditions occur
- How long symptoms/conditions last
- How you care for symptoms/conditions
- How symptoms/conditions restrict your activity
- Date of last occurrence

Number	Detailed Response



Psychosocial History:

Have you seen a psychiatrist, psychologist, or other counselor within the past two years? Yes No

Reason for counseling (circle all appropriate responses):

Academic Family Issues Depression Substance Abuse Suicide Adoption Other

Are you currently in counseling/treatment? Yes No If yes, please describe briefly:

Primary counselor _____ Phone _____

Address _____

Do you have any history of violence or suicidal thoughts or attempts? Yes No

If so, please describe: _____

Have you ever used alcohol, tobacco or non-prescription drugs? Yes No

If yes, please describe and include the last time you used any of these substances:

Do you have a substance abuse problem? Yes No

If yes, please explain: _____

Signature Required

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect my participation in Rites of Passage Adventure Weekend (RPAW). I realize that failure to disclose such information could result in serious harm to myself and to fellow participants.

I agree to notify Threshold Passages, Inc. should there be any changes in my health status. I authorize Threshold Passages, Inc. to release this information to medical personnel in an emergency. I also authorize Threshold Passages, Inc. to contact my physician or therapist to clarify any questions about my health. I understand that Threshold Passages, Inc. reserves the right to refuse participation to anyone for medical reasons.

Signature: _____

Print Name: _____ Date: _____

Confidential Family History Sheet

The information collected with this form will be held in confidence and will not be shared beyond the TPI process facilitation team members and the TPI Board of Trustees. Knowing information about your family dynamics and legal history is extremely helpful for assisting the emotional process work of the boys. The boy participants are asked these same questions. Please answer the questions as accurately as possible.

Early Childhood:

Are you from a **donor** or **IVF** (if yes, **circle one**) Yes No
IF donor, is it **sperm** or **egg** (**circle one**) and a **known** or **unknown** donor? (**circle one**)

Are you adopted? Yes No

IF YES, was it an **open** or **closed** adoption? (**circle one**)

Was it an **international** or **domestic** adoption? (**circle one**)

At what age were you adopted? _____

Do you have contact with members of your birth family? Yes No

Who do you have contact with (i.e. birth mother)?

Have you ever been in foster care? Yes No

IF YES, at what ages were you in foster care? _____

Do you have contact with members of your original family? Yes No

Who do you have contact with (i.e. biological mother)?

Immediate Family System:

Are you part of **single** household or **multiple** households? (**circle one**)

Who is in your immediate family? (the people you lived with)

Mother? (biological or adopted mother) Yes No

Father? (biological or adopted father) Yes No

Female Guardian? (**not** biological or adopted mother) Yes No

Relationship: _____

Male Guardian? (**not** biological or adopted father) Yes No

Relationship: _____

Siblings you live with (include adopted, half, step, etc)? Yes No

How many males? _____ ages: _____

How many females? _____ ages: _____

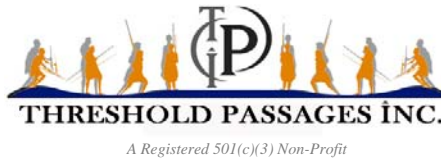
Siblings you do **not** live with (include adopted, half, step, etc)? Yes No

How many males? _____ ages: _____

How many females? _____ ages: _____

Any other people in the household(s)? Yes No

Who? (i.e. grandmother, renter, etc) _____



School System:

Are you or have you ever attended a residential or boarding school? Yes No
IF YES, how often do/did you return home? _____

Do/Did you live on the **school grounds** or with **another family?** (circle one)
Do/Did you have residential advisors that take on a quasi-parental role?
Yes No
Is/Was the school **co-gender** or **male only?** (circle one)

Legal System:

Are you or have you ever been held in a juvenile detention facility? Yes No
Please describe: _____

Are you or have you ever been a ward of the state or in the custody of a public child welfare agency?
Yes No
Please describe: _____

Note: Prior arrests or convictions for most crimes, including drug offenses, DUI, theft, etc., will not exclude you from participating in TPI events. In fact, they are usually helpful in addressing many of the issues that teenage boys face. There are two exceptions: sex offenders and persons with a history of criminal violence. If you have a history of criminal violence, we will seek further details and may refuse your membership with TPI. If you are a sex offender, whether registered or not, you are not allowed to participate in TPI events. If you are turned down for these reasons, we will refund any staff fees you have paid.

Have you ever been arrested? Yes No
Please describe: _____

Do you have any convictions? Yes No
Please describe: _____

Are you a sex offender? Yes No
Please describe: _____



JOURNEYMAN STAFF AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS

Training Dates: **August 19 – 22, 2010 – Thursday through Sunday**

JourneyMan Staffer's Name: _____

Name of legal guardian: _____

In consideration of the services of Threshold Passages, Inc., including all of their officers, directors, staff, leaders, co-leaders, volunteers, affiliates and all persons and entities acting for them or on their behalf (hereinafter collectively referred to as "TPI") and the right to engage in this Rites of Passage Adventure Weekend Staffing ("Staffing") as a participant, I hereby freely and voluntarily agree to release, indemnify, and hold TPI harmless on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

I. DISCLOSURE AND ACKNOWLEDGMENT OF RISKS

I understand that the Rites of Passage Adventure Weekend ("Staffing") is a personal growth and development course and involves known and unanticipated risks which could result in physical or emotional injury, paralysis, death, illness, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. These risks include, among other things:

A. The nature of staffing the training itself which involves:

1. Strenuous and vigorous, physical, mental, emotional, and intellectual activity such as outdoor and indoor games during day or night, role playing (e.g. enactments of past events, feelings or parts of psyche or personality) and exercises and processes which may include or result in physical, mental or emotional stress, distress and fatigue (e.g. Facing and overcoming physical, emotional or mental obstacles to the achievement of goals);
2. The potential for death; for injury to skeletal-neuro-muscular system (such as strains, fractures, ruptures, bruises, loss of limb or loss of use of limb, paraplegia and quadriplegia), to internal organs, to cardiovascular system (such as elevated blood pressure, elevated pulse, heart attack, aneurysm, hemorrhage or stroke), to eyes or ears (loss of sight or hearing), to body (such as scrapes, scratches, punctures, lacerations) and to mental health (such as depression or retraumatization relating to past psychological history); and
3. The potential for change with respect to such matters as: education, career, job or business; relationships with family, friends, women, fellow youth, co-workers, and behavior in social, personal or school and business settings.

B. The acts or omissions of TPI who may, among other things, be ignorant of any participant's fitness or abilities; misjudge the weather, the elements, or the terrain; or give inadequate instructions, warnings or advice.

C. Latent or apparent defects or conditions in the equipment or property supplied by TPI or other persons or entities as well as the use or operation of such equipment.

D. Acts of other participants in this training or other persons.



II. JOURNEYMAN STAFFER UNDERTAKINGS

1. I and my representatives expressly acknowledge and agree and promise to accept, all of the risks existing in this training, including those risks listed above as well as those risks not specifically listed above.
2. I and my representatives understand, acknowledge and represent that my participation in this Staffing and in every separate part thereof is purely voluntary and I elect to participate in spite of and with full knowledge of all the risks. I acknowledge that at all times I will be free to choose to leave the training or to not engage in any part or all of the Staffing.
3. I and my representatives hereby authorize TPI to take any and all reasonable steps on my behalf in the case of any physical or other injury, illness or condition I might suffer during the Staffing. TPI is hereby authorized to apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedic services, or any other service or personnel that in the sole discretion and judgment if TPI may be deemed reasonable and necessary for my immediate care, health and safety.
4. I and my representatives hereby voluntarily release, forever discharge TPI and agree to indemnify and hold TPI harmless with respect to any and all liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with, my participation in this Staffing, my use of TPI equipment or facilities, or the provision by TPI of emergency services, including but not limited to claims alleging negligent acts or omissions or medical malpractice.
5. I agree and promise to indemnify and hold TPI harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by TPI in connection with claims for personal injury or property damage to staff, other participants, volunteers, spectators or other third parties which arise out of, or are in any way connected with, my participation in this Staffing.
6. In signing this document I fully recognize and acknowledge that if anyone (including myself) is hurt or property is damaged, lost, or destroyed, as a result of my participation in this Staffing, I may be found by a court of law to have given up any right I might have to make a claim or file a lawsuit against TPI.
7. Should TPI or anyone acting on their behalf be required to incur attorney fees and costs in connection with any effort to enforce this agreement as a result of my participation in this Staffing, I agree and promise to indemnify and hold them harmless against all such fees and costs.
8. I certify that I have sufficient health, accident and liability insurance to cover costs and expenses of any injury or damage I may suffer or cause while participating in this Staffing. If I have no such insurance I agree to bear all the costs of any and all such expenses and liability.
9. I certify that I have completed the confidential medical questionnaire form required by TPI; that I have disclosed each and every physical, emotional or mental condition for which I have received treatment or am currently receiving treatment; that the information I have provided pertaining to my physical, emotional or mental condition is complete and true; and that I have complied with the medical requirements of TPI. I further certify that I have no medical condition which could interfere with my safety in the training and agree to assume and bear the costs of all risks, liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with any medical condition I have whether or not I have previously disclosed that condition to TPI.
10. I have sufficient opportunity to read and understand this entire document. I have read and understood it. I agree to be bound by all of its terms.

Signature of Participant: _____

Print Name: _____ Date: _____

Signature of Parent or Guardian: _____

Print Name: _____ Date: _____

STAFF Individual Equipment

Please bring the following personal items and prepare for an outdoor adventure.

Please take the time to ID your stuff with initials or last name.

FOOD ITEMS:

ALL FOOD MUST BE STORED IN THE ROUND HOUSE!!! – NO EXCEPTIONS

Sack dinner for Thursday night - *ID your stuff with initials or last name.*

Water bottle / canteen - *ID your stuff with initials or last name.*

Special dietary food – **IF you have food allergies, Kitchen Team will need to know this.**

LODGING ITEMS:

Sleeping bag or twin size sheets/blankets

Pillow(s)

Bath linens - (Towels)

Extra sleeping bag - For boys who do not have one – (if you have this contact the Guardian Team Leader)

We will be staying in cabins with twin size bunk beds. Showers and bathrooms are available.

OUTERWARE:

Weather appropriate clothing for 3 days and 3 nights – Low 40's at night – up to Low 80's at day

Climbing shoes (Hiking boots or appropriate rugged footwear)

Hiking boots (Hiking boots or appropriate rugged footwear)

Work gloves (i.e. leather gloves – mainly for hand protection and can be used for warmth if needed)

Rain gear

Swim trunks & towels

Extra swim trunks - For boys who do not have one – (if you have this contact the Guardian Team Leader)

Extra towels - For boys who do not have one – (if you have this contact the Guardian Team Leader)

All Black colored outerwear for Friday night.

PERSONAL ITEMS:

Personal medications

Personal hygiene stuff

Flash light / lantern – Battery operated only

MISCELLANEOUS:

Drum / percussive musical instrument – (e.g. - 5 gal. Paint bucket and sticks)

Ball(s) of any size (used for one of the processes) (if you have this contact the Events Team Leader)

Mask (or one will be made or provided on Thursday night)

IF you are gone Thursday Night of the RPAW, a mask will be provided.

DO NOT BRING:

NO - Knives or weapons - NO Tobacco for those not of LEGAL Age - NO Alcohol, drugs, or anything that is or could be considered illegal including fireworks - NO iPods, CD players, game devices or items of this ilk on site (For the drive up and back they are ok).