

ExpLORE 2010
Exploring Leadership Opportunities and Rewards in Education



JUNE 13-16, 2010

Texas A&M University
College of Education & Human Development
College Station, TX 77843-4222



David A. Byrd '99
Director of Recruitment

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An educational experience for students interested in teaching in culturally diverse environments.

The College of Education & Human Development at Texas A&M University is interested in bringing students who have completed their junior year in high school, and are interested in exploring careers in teaching and improving their leadership skills to the main campus in College Station! **This year's camp will be JUNE 13-16, 2010.**

The Exploring Leadership Opportunities and Rewards in Education (ExpLORE) Summer Conference is a program that introduces teacher education programs, leadership opportunities, career opportunities and courses of study to enrich students' knowledge of the teaching profession. Over the course of a week, students will reside on campus, participate in activities, and experience first hand the teaching profession. The program has been designed specifically to help build the communication and leadership skills of students and introduce them to rewards and opportunities available in the field of education.

Students will be selected in a competitive application process. Once selected to attend ExpLORE, the students will pay their **non-refundable \$50.00 fee**. The fee can be waived with a letter from a high school counselor indicating financial need. **The conference is open to students who are finishing their junior year and are ranked in the Top 25% of their high school class.** If the school does not have a ranking by the time of application, students must include a letter from their counselor indicating their Top Quarter ranking. Students must submit a completed application, an official transcript and the completed essay page of the application. Additional portions of the application must be received before the deadline. Applications can be downloaded at <http://educate.tamu.edu>. **The deadline for applications to be returned is 5:00 PM, May 7, 2010.**

Non-participation in group activities or misconduct will not be tolerated and will lead to dismissal at the attendant's expense.

Questions regarding the ExpLORE conference should be directed to David Byrd, at (979) 862-7167. Emails may be sent to byrd99@tamu.edu.

**ExpLORE 2010
Summer Conference Application**

**Texas A&M University
College Station, Texas
(Due May 7, 2010)**

CAMP WILL BE JUNE 13-16, 2010

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____@_____.

Home Phone: _____ Other Phone: _____

Age: _____ Gender: Male Female; Ethnicity (Optional): _____

HS Quartile Rank: _____ College Plans: _____

High School: _____ Graduation Year: _____

High School Grade Entering in Fall of 2009: Sophomore Junior Senior

Teaching Level of Special Interest: Elementary Middle School Secondary
 Special Education Bilingual Education Foreign Language Technology

If Secondary, what subject area(s) (1) _____

(2) _____

T-Shirt Size: _____ Will you need a parking pass for the conference: Yes No

Dietary Needs (Vegetarian, Kosher, etc.): _____

Special Needs (Refrigeration for Medication, Room on first floor, etc.): _____

Your application packet should include the following:

- **Completed Application**
- **Completed Essay Pages**
- **COPY OF HIGH SCHOOL TRANSCRIPT**
- **Waiver, Indemnification, and Medical Treatment Authorization Form**
- **Model/Subject Release Form**
- **Criminal History Form**

**INCOMPLETE APPLICATION FILES WILL NOT BE CONSIDERED!
DEADLINE FOR APPLICATIONS TO BE RECEIVED IS 5:00 PM MAY 7, 2010**

Please mail or Email completed packets to:

ExpLORE 2010 Applications
c/o David Byrd
TAMU 4222
College Station, TX 77843-4222

Email: byrd99@tamu.edu

ExpLORE 2010 FEES WILL BE PAID AFTER THE STUDENT HAS BEEN ACCEPTED TO ATTEND!!!

ExpLORE 2010 Application Essay

In the space provided, explain why you want to teach, your commitment to the teaching profession and what you hope to contribute to society as a professional educator. The statement should also identify those characteristics that you have that you think will contribute to making you a successful teacher.

Describe your plans for after high school. How would attending ExpLORE 2010 help you achieve your goals?

Name: _____
High School: _____

ExpLORE 2010
Exploring Leadership Opportunities and Rewards in Education Conference
College of Education & Human Development
Texas A&M University

Waiver, Indemnification, and Medical Treatment Authorization Form

1. **EXCULPATORY CLAUSE.** In consideration for receiving permission for my/my child's participation in any and all activities of ExpLORE 2010 (herein referred to as "camp"), which is sponsored by the College of Education & Human Development at Texas A&M University, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, employees, (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
2. **INDEMNITY CLAUSE.** I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to accidents while walking on campus, involvement in non-contact activities, homesickness, and a general sense of being overwhelmed by an unfamiliar college environment, and I choose to voluntarily participate/allow my child to in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.
3. **NO INSURANCE.** I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
4. **BINDS HEIRS.** It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
5. **MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER.** I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEAGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20 ____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

In case of emergency, contact: _____ at the following number: _____
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If the participant has medical insurance, please indicate: Insurance Company: _____ Policy Number: _____ Name of Policy Holder: _____ Please list any special services your child may require: ____ _____
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Texas A&M University
College of Education and Human Development
Office of the Dean
College Station, Texas 77843-4222

**Model/Subject
Release**

I do hereby give the College of Education and Human Development the irrevocable right to use my/my child's name, and or/photographs (taken on the date stated below) in all forms, media and in all manners, including composite of distorted representations, for promotion, fund raising, recruiting, exhibits, or any other lawful purposes. I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. I am 18 years of age or am the legal guardian of person named as subject below. I have read this release and am fully familiar with its contents and conditions.

Date: _____

Subject's name: _____
Please Print

Address: _____

City: _____ State: _____ Zip: _____

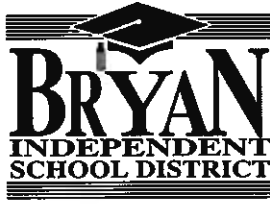
Subject's signature: _____

Parent: _____
Please Print

Address: _____

City: _____ State: _____ Zip: _____

Parent's Signature: _____



**Criminal History Record Information
Confidential**

The Bryan Independent School District is authorized by state law and BISD Board Policy to maintain criminal history records of all applicants being considered for employment, serving as a volunteer, or anyone performing duties for transportation services (Texas Education Code 22.083 and 22.084). **Information requested below is necessary to obtain records from the Texas Department of Public Safety. PLEASE PRINT LEGIBLY.**

NAME _____
Last First Middle

ADDRESS _____
City State Zip

STUDENT'S NAME (Parent volunteers only) _____

List any other name you may have used (maiden, nickname, alias, etc.) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH / /
mm/dd/yyyy

DL# _____ DL State _____

Telephone number _____ E-mail address _____

SEX: Male Female

ETHNICITY: Black White Asian Hispanic Other

PLEASE CHECK APPROPRIATE BOX

- | | |
|---|--|
| <input type="checkbox"/> Employee | <input type="checkbox"/> TAMU/Blinn/Sam Houston Univ. |
| <input type="checkbox"/> Substitute | Professor's Name: <u>David A. Byrd</u> |
| <input type="checkbox"/> Auxiliary Employee | <input type="checkbox"/> TAMU Reads & Counts/Community Service |
| <input type="checkbox"/> VOLUNTEER | <input type="checkbox"/> HOSTS |
| <input type="checkbox"/> TUTOR | <input type="checkbox"/> VIPS/PTO |

Campus/Organization: Texas A&M University ExpLORE Conference

I understand that the information I am providing will be used solely for the purpose of obtaining criminal history record information. All reviews, if needed, will be processed by the Bryan ISD Human Resources Office and are kept confidential.

Signature _____ Date _____

Status _____
Date submitted: _____
Revised 02/08