



# Nebraska HOBY Community Leadership Workshop

## *Kearney, NE | Saturday, February 10, 2024*

**Congratulations!** You have been selected to represent your high school at the Nebraska Hugh O'Brian Youth Leadership (HOBY) CLeW! A CLeW is a Community Leadership Workshop, and you were chosen to attend because of the outstanding leadership potential you have demonstrated in your school and community.

The CLeW will take place on **Saturday, February 10, 2024, from 9:15 am – 3:00 pm** at the Kearney Public Library. Ambassador (student) **check-in will take place from 9:15 am – 9:30 am**, and the CLeW will begin at 9:30 am. Please do not arrive before 9:15 am at the earliest. Bring the attached emergency contact / insurance form with you.

During the day, you will enjoy a unique learning experience that will help you identify and develop your leadership skills. The program will be an enjoyable experience in a stimulating environment. What you get out of the workshop will correlate directly with your level of participation in the activities. Come prepared to interact!

### **Where should I go when I arrive?**

You can enter the Kearney Public Library at the main entrance. The address is: 2020 1<sup>st</sup> Avenue, Kearney, NE 68457. Please look for the HOBY signs to direct you to ambassador check-in.

### **What kind of program is planned?**

During your HOBY CLeW experience, you will engage with dynamic leaders and participate in interactive activities. The program will not promote any specific political party, business, religion, or way of thinking; but it is designed to develop thinking skills by actively involving seminar participants in discussions and informal debate. During the workshop, you will be asked to become part of HOBY's commitment to "Leadership for Service" and use your leadership abilities to make a difference in your school, community, place of worship, or other environment where you see a need.

### **What is the dress code?**

The dress is casual. You may want to bring a sweater or jacket. in case the building is chilly.

### **Whom may I contact should I have additional questions?**

Additional questions or concerns should be directed to CLeW Chairperson Kristie Hartman at [clew@hobynebraska.org](mailto:clew@hobynebraska.org). As HOBY is completely volunteer led, please limit communications to email prior to the CLeW.

### **If necessary, how may I be contacted during the workshop?**

Parents, friends, and family members are discouraged from calling students during the workshop due to the confusion created when the event is interrupted. In case of emergency, your parent(s) or guardian may call Kristie Hartman (402-518-8034).

Our team of volunteers looks forward to meeting you at the upcoming CLeW!

Sincerely,

**Kristie Hartman**

*CLeW Chair, Nebraska HOBY Youth Leadership*

[clew@hobynebraska.org](mailto:clew@hobynebraska.org)



## **Nebraska HOBY CLeW**

### *Community Leadership Workshop Agenda*

<b>9:15 - 9:30</b>	<b>Ambassador Arrival &amp; Ice Breakers</b>
<b>9:30 - 10:00</b>	<b>Program Introduction</b>
<b>10:00 - 10:45</b>	<b>Personal Leadership Module</b>
<b>10:45 - 11:30</b>	<b>Community Speaker #1</b>
<b>11:30 - 12:00</b>	<b>Group Leadership Module</b>
<b>12:00 - 12:30</b>	<b>Lunch</b>
<b>12:30 - 1:15</b>	<b>Community Speaker #2</b>
<b>1:15 - 1:25</b>	<b>10 Minute Break</b>
<b>1:25 - 2:15</b>	<b>Service Leadership / Service Project</b>
<b>2:15 - 2:35</b>	<b>Gratitude Video and Activity</b>
<b>2:35 - 2:50</b>	<b>Six Month Letters</b>
<b>2:50 - 3:00</b>	<b>Reflections &amp; Departure</b>



# Nebraska HOBY CLeW

## Emergency Contact & Insurance Information

**Please complete and bring this form with you to check-in.**

### PARTICIPANT PERSONAL INFORMATION

\_\_\_\_\_  
Last name First name Middle initial

### EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
Last name First name Relationship to participant

\_\_\_\_\_  
(Area code) Primary telephone number (Area code) Secondary telephone number

### PARTICIPANT PERSONAL MEDICAL HISTORY

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        |  |

Are there any food allergies or restrictions we should be aware of? \_\_\_\_\_

What treatments or medications (if any) does the participant require for any of the above conditions? \_\_\_\_\_

1. Health insurance plan name: \_\_\_\_\_

2. Health insurance plan number: \_\_\_\_\_

3. Health insurance group number: \_\_\_\_\_

4. Check here \_\_\_\_\_ if participant is not covered by a health insurance plan.

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

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