



# GoldMine 2009

## Youth Leadership School



**July 12-18, 2009**

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.

**Bremerton, WA**

**Kitsap Unitarian Universalist Fellowship**

Food and showers 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.**

## 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 information contact the Dean  
Grace Evans –  
Austin Bridges -  
Samaya Oakley – 604-985-5620 - [oakleyfam@shaw.ca](mailto:oakleyfam@shaw.ca)

### **Fee per person is \$350**

US funds only. Canadian checks not accepted.  
Make checks payable to "PNWD-UUA"/ memo "GoldMine"

### **Registration deadline is June 15, 2009.**

There is a 24 participant cap with preference given first to participants within the PNW District



**Goldmine 2008 Participants**

## GoldMine Youth Leadership School 2009 Registration

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

**\*Refund Policy:** All cancellations prior to the registration deadline will be subject to a \$15.00 handling charge. Cancellations after the registration deadline of June 15, 2009 will be subject to a \$30.00 fee, unless a replacement is arranged. Cancellations within one day or no-show may forfeit entire fee dependent on funds available at the end of the training.

Enclosed is: \$ \_\_\_\_\_ \*  
 US funds only. Canadian checks not accepted.

**Make checks payable to “PNWD-UUA”/ memo “GoldMine”**  
**Registration Deadline June 15, 2009**  
**Send registration form, Payment, Emergency Medical Information Form**  
**and the Community Covenant to:**  
 District Registrar, PNWD-UUA  
 12700 SE 32nd Street, Suite E-101, Bellevue, WA 98005-4317 by June 15, 2009

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Special needs or concerns:

Food preferences:

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

# GoldMine 2009

## Emergency Medical Information

GoldMiner's Name: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

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

Applicants age 18 or 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, can not 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
<b>Telephone:</b> Home (_____) _____ Work (____) _____ Cell (____) _____		

Last Name	First Name	Relationship
<b>Telephone:</b> 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.)

## GoldMine 2009 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 us getting into trouble, we also think that 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 and your home hospitality assignment during the week. Exceptions are only with explicit permission of a staff member.
- Possessions 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 full a sense of their own developing leadership (including “self-leadership”) abilities as is 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:

\_\_\_\_\_ Date: \_\_\_\_\_

**Send registration form, fee, Emergency Medical Information Form  
and the Community Covenant to:**

District Registrar, PNWD-UUA  
12700 SE 32nd Street, Suite E-101, Bellevue, WA 98005-4317 by June 15, 2009

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