

# Louhelen Bahá'í School

"Education is the indispensable foundation of every human excellence."

*"O Lord! Make this youth radiant..."*  
—'Abdu'l-Bahá

September 28, 2009

Noble Youth,

We are glad that you are interested in serving as a counselor for one of the programs for children, junior youth, or youth (individuals serving during a youth session are referred to as youth mentors). Participants of these sessions often carry the memory of the community briefly experienced here through their entire lives, a community built upon the efforts of the counselors. The counselors in turn receive many heavenly confirmations by performing such service. **It is therefore very important that you take time to read this letter and the counselor responsibilities carefully in order to bring your service in line with the needs of His Cause.**

The Universal House of Justice explains that Bahá'í youth can accept "a responsibility of their own for moral leadership in the transformation of society." Our hope is that the application process will aid you to reflect on the nature of this service to the future of humanity and your power to influence children, junior youth, and other youth.

After receiving your application, the School will review your application, contact references, and contact you for an interview. Individuals are invited to serve based on their demonstrated capacity for this service and the number of counselors needed for each session. Although applications will be accepted until all counselor positions are filled, we encourage you to complete your application at your earliest convenience, as the School makes every effort to fill the available positions well in advance of each session.

Counselors must participate in an orientation and training session prior to their service. It is important to be present when the training session begins, immediately prior to each session. **Please note the arrival time required to begin the orientation for each session.**

As you pursue this and future avenues of service, we encourage you to remember the words of the Master, "Think not of your own limitations, dwell only on the welfare of the Kingdom of Glory." We look forward to receiving your application.

With loving gratitude,

*Edris Taborn*

Edris Taborn  
Program Coordinator  
[etaborn@usbnc.org](mailto:etaborn@usbnc.org)

# COUNSELOR APPLICATION

Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Address: \_\_\_\_\_ Bahá'í I.D. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Place an X next to the sessions you are applying for.**

- Youth Eagle, April 9-11, 2010 (arrival time is 4 p.m. April 9)**
- Junior Youth, April 23-25, 2010 (arrival time is 4 p.m. April 23)**
- Camp Louhelen, June 26-30, 2010 (arrival time is June 24 at 5 p.m.)**
- Youth Eagle, July 9-14, 2010 (arrival time is July 8 at 5 p.m.)**
- Junior Youth, July 16-21, 2010 (arrival time is July 15 at 5 p.m.)**

**Please answer the following questions in the space provided. If you need additional space please use the last sheet of this application.**

1. What inspires you to offer your service as a counselor?

2. What are the capacities, capabilities, skills and interests that you would bring to your service as a counselor at Louhelen?

3. What do you hope to gain from this experience? What do you hope to give?

4. Please list your service over the past year:

5. Please list your teaching, both educational and about the Faith, over the past year:

6. Do you now, or have you in the past, used alcohol or drugs? If yes, please explain.

7. Do you smoke?

*Questions 8-11 need only be filled out if you have not served at Louhelen before, or in the past two years.*

8. How did you hear about the Institutes at Louhelen?

9. What is your experience working with children or youth? (Please include both Bahá'í and other experiences.)

10. Have you attended any youth conferences or completed any Bahá'í course? If so, when?

11. Please include the names and contact information of each of the three following who could serve as character references for you who have been associated with your service to youth and children:

- **One Bahá'í**

- **One non-Bahá'í**

- **One Bahá'í Institution** (such as an Auxiliary Board Member or a Local Spiritual Assembly) If an assembly, please provide the name and contact information for the assembly secretary.

**\*If you are under 18 years of age, please fill out the attached Medical Release form and bring it with you when you come to serve. This is for insurance purposes. Thank you.**

**\*Please review our application dates and submit your application at your earliest convenience to allow the School time to carefully review your application, references and contact you for an interview.**

**\*If you know of any youth that may be interested in serving as a counselor, please include their names and contact information below:**

# LOUHELEN BAHÁ'Í SCHOOL

## Responsibilities of Counselors and Youth Mentors

“I trust in God that thou mayest be thus aided by Him to serve His Cause and so shine as a luminous star in the horizon of His Kingdom, an illumining candle burning in the assemblage of the Bahá'ís; that thou mayest be confirmed by a power of the Kingdom and attain divine bounty and providence.” 'Abdu'l-Bahá

### Please carefully review the following responsibilities for youth mentors:

1. To help the participants bring everyone into the “circle of intimate friends”, to foster unity and to prevent exclusivity or cliques.
2. To serve as an example in everything you do including dress, courtesy, punctuality, language, and friendliness.
3. To act as leaders during all service opportunities, including after meals.
4. To assist your group members to arrive on time, or early, to all activities.
5. To be fully, enthusiastically, and pro-actively involved in every part of the program in such a way that the participants are drawn to, and connected with, the spirit of the Faith.
6. To provide loving, effective discipline so that the participants may further their spiritual growth while attending.
7. As a dorm group, to organize morning and evening devotions.
8. To plan fellowship activities during unscheduled times, participating zealously in all activities.
9. To have a watchful and loving eye to ensure that all participants are warmly included during mealtimes, dorm room fellowship, recreation, etc.
10. To assist and work together with other youth mentors in a cooperative and supportive manner so that a unity of consciousness may be established and sustained.
11. To assist, facilitate, and encourage successful research groups as assigned.
12. To understand that in the case of an emergency the primary responsibility of the youth mentors is to ensure the safety of the participants.
13. To prepare a spiritual gathering for the youth as assigned.
14. Youth mentors are chosen for their maturity of faith and proven capacity for service. As such, you are called to selfless service, firmness in the Covenant, show love to the friends, consistently foster love and unity, and absolute faithfulness to Bahá'í law, Louhelen policy, and requests from Louhelen staff.

**Arm yourself with the tools** of cleanliness (**extra toiletries**), of **clothing conducive to spirituality** and mindfulness of the Kingdom (including both casual and work clothes, Bahá'í T-shirts, and durable tennis shoes, hats for outdoors only), of courtesy (bring a watch), and of prayer (books and memorizations).

**Sanctify yourself from the material world.** Be a model in actions and in dress. (Please **no** short shorts, tank tops, or exposed torsos.) Leave behind obstacles to building communities of distinction and circles of intimate friends. (Please **no** radios, walkmans, or other electronic entertainment equipment.) Follow all special instructions given regarding the use of cell phones.

**Adorn your being with prayers, sacred writings, smiling cheerful faces, and warm hearts.**

Above all, you are responsible for your dorm group 24 hours a day and must **always be ready** to respond to their needs as they arise. A demanding schedule is set and must be adhered to in a spirit of “cheerful acquiescence.” Please sign and return stating that you have read and understand the responsibilities of your service as a youth mentor. If you have questions, feel free to call Louhelen before signing.

Signature:

Please acknowledge your acceptance of these responsibilities by signing or typing your full name in the space above.

## Louhelen Bahá'í School – Medical Release Form

This form must be completed and on file prior to the start of the conference.

It is required for all participants **under the age of eighteen years** who are attending a session without their parent(s) or legal guardian(s) on campus.

**Please attach a copy of your health insurance card to this form.**

NAME

SEX  AGE  D.O.B.  HEIGHT  WEIGHT

ADDRESS

CITY, STATE, ZIP CODE

PARENT/GUARDIAN

HOME PHONE  WORK PHONE

### HEALTH INSURANCE INFORMATION

COMPANY NAME

POLICY NUMBER

**\*\*Please include a photocopy of the front and back of your medical insurance card\*\***

EMERGENCY CONTACT #1

RELATIONSHIP

ADDRESS

CITY, STATE, ZIP CODE

PARENT/GUARDIAN

HOME PHONE  WORK PHONE

EMERGENCY CONTACT #2

RELATIONSHIP

ADDRESS

CITY, STATE, ZIP CODE

PARENT/GUARDIAN

HOME PHONE  WORK PHONE

**Continued on next page . . .**

**Louhelen Bahá'í School – Medical Release Form – Page 2**

DOCTOR  PHONE

DENTIST  PHONE

List any current medication.

MEDICINE NAME	DOSE DIRECTIONS	SIDE EFFECTS	NEED ASSISTANCE?

List any physical conditions of which we should know.

List and explain any dietary needs.

List and explain any serious injuries and dates.

List and explain chronic and recurring illnesses.

List any restrictions on swimming, diving, camping, etc.

List concerns that would be helpful for us to know, i.e. making friends, fears, recent loss, etc.

LIST MOST RECENT IMMUNIZATION DATE (MONTH/YEAR) FOR:

DPT  OPV  MMR  DT  TETANUS

**Continued on next page . . .**

**Louhelen Bahá'í School – Medical Release Form – Page 3**

KNOWN ALLERGIES:

- Insect sting
- Penicillin
- Other drug allergies
- Poison ivy, oak, etc.
- Food Allergies
- Hay fever
- Other known allergies:

KNOWN MEDICAL CONDITIONS

- Diabetes
- Fainting
- Bed wetting
- Seizures
- Hearing/Communication Problem
- Muscular/Movement Impairment
- Depression
- Asthma
- Eating disorder
- Heart condition
- Kidney condition

Other:

If yes to any of the above conditions, please explain and list all medical directives that apply.

**Louhelen Bahá'í School – Medical Release Form – Page 4**

**THIS RELEASE MUST BE PRINTED, SIGNED, AND MAILED OR FAXED FOR EACH CHILD/YOUTH**

The undersigned, parent(s)/guardian(s) of \_\_\_\_\_ a minor, hereby authorize the Louhelen Bahá'í School, or its designated representative, agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The authorization shall remain effective while my child is attending the Louhelen sponsored activity.

\_\_\_\_\_ DATE \_\_\_\_\_

*Signature of parent or guardian*

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I give permission for my child to receive Tylenol \_\_\_\_\_ aspirin \_\_\_\_\_ ibuprofen \_\_\_\_\_ as needed.

\_\_\_\_\_ DATE \_\_\_\_\_

*Signature of parent or guardian*

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I give permission for my child to use Sunscreen \_\_\_\_\_ Bug Repellent \_\_\_\_\_ as needed.

\_\_\_\_\_ DATE \_\_\_\_\_

*Signature of parent or guardian*

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I hereby consent to my child attending a conference located at the Louhelen Bahá'í School, 3208 South State Road, Davison, MI 48423. I understand that the acceptance of my child is without assumption of legal responsibility of any kind by the entire staff of Louhelen Bahá'í School, the Local Spiritual Assembly of the Bahá'ís of Davison Township, MI, or the National Spiritual Assembly of the Bahá'ís of the United States. There also shall be no assumption of responsibility or liability for any transportation of my child during the session. All water activities shall be at the individual's own risk. In consideration of the acceptance of my child/ward, I do forever release and discharge the foregoing named persons and organizations from any and all claims and damages, losses, and injuries that my child/ward may suffer in connection with their participation at Louhelen.

\_\_\_\_\_ DATE \_\_\_\_\_

*Signature of parent or guardian*

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I understand that my child will not be allowed to leave the campus for personal activities. Permission to take my child off campus must be given by the Program Coordinator.

\_\_\_\_\_ DATE \_\_\_\_\_

*Signature of parent or guardian*