



Chico State Intelligent Systems Lab Summer Robotics Camp 2006

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Coach Information

The Chico State Intelligent Systems Lab (ISL) is hosting a fun, week long, interactive Summer Robotics Camp to provide girls entering 7th through 9th grades with the unique opportunity to learn more about science and math. This camp is designed to introduce these young women to the fields of Computer Science, Engineering, and Mechatronics through their learning, experimentation, building and use of robots. The ISL is looking for volunteer coaches to help with the camp, assisting the girls in their activities, supervising daily events, and overall acting as role models for participants.

QUALIFICATIONS:

- Applicants must be Chico State students.
- Applicants must be able and willing to participate in camp in some part from June 12th through June 16th, 9:00am to 3:00pm daily.
- Applicants must be responsible and dependable, able to take on challenges, and model good behavior and enthusiasm for Summer Robotics Camp participants.

DATES:

Monday, June 12th, 2006 through Friday, June 16th, 2006 from 9:00am to 3:00pm daily.

LOCATION:

California State University, Chico campus OCNL 124 and 431. Coaches and staff will meet in front of the O'Connell Technology Center, located on the corner of Warner and West 1st Street.

DEADLINE: ***** EXTENDED TO FRIDAY, JUNE 2 *****

Completed Coach Application Forms must be received by May 13th. Coaches should receive notification of acceptance by May 20th, 2006.

CONTACT INFO:

The Chico State Intelligent Systems Lab welcomes any questions or concerns about our Summer Robotics Camp. Please contact our ISL Summer Camp Director, Dr. Renner at 530 898-5419 (or Renner@csuChico.edu), or visit the ISL website at <http://www.gotbots.org>



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Coach Application Form

Please print legibly in ink or type.

PART 1: GENERAL INFORMATION

- To be completed by applicant

Name:

 Last Name

 First Name

 M.I.

Mailing Address:

 Number and Street

 Apartment Number

City:

 Zip Code:

E-mail:

Phone:

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 Gender: F M

What is your current registration/enrollment status with CSU, Chico?
 Full-time
 Part-time
 Not enrolled

What is your major? _____ What is your minor? _____

What is your current cumulative grade point average (GPA)?

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What are the highest levels of math, science (including the computing sciences), and engineering that you have completed with a passing grade? _____

What days and times are you available to participate as a ISL camp mentor?

Monday _____ Thursday _____
 Tuesday _____ Friday _____
 Wednesday _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

PART 2: COACH AGREEMENT

- To be completed by applicant

I understand and agree that:

1. I agree to participate in the ISL Summer Robotics Camp at CSU, Chico from Monday, June 12th, 2006 through Friday, June 16th, 2006 from 9:00am to 3:00pm daily.
2. I will arrive promptly and actively participate in all scheduled activities such as classes, workshops, laboratories, and recreational activities.
3. If I cannot attend the Summer Robotics Camp on a particular day, I will notify the Camp Director in advance of my absence.
4. I will work with the staff of the Summer Robotic Camp in order to best meet the participants' needs.
5. I will abide by the rules and regulations of the Summer Robotics Camp and California State University, Chico. I understand that my failure to abide by these rules or any behavior problems will result in my immediate dismissal from the program.
6. I will be fully responsible for any ISL items being lost, stolen or damaged due to my negligence.
7. The Summer Robotics Camp and California State University, Chico are not responsible for any items of mine being lost, stolen or damaged.
8. The ISL may use pictures of me participating in Summer Robotics Camp activities for ISL website content and CSUC promotional purposes.
9. The ISL Summer Robotics Camp, California State University, Chico, staff and owners of properties used for the program activities shall not be held responsible for any injuries I endure during the period of participation as a mentor in the program.
10. All of the information I have provided in this application is honest and correct to the best of my knowledge.

Applicant Signature

Date

PART 3: AUTHORIZATION TO TREAT

- To be completed by applicant

I, the undersigned, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care, which is deemed advisable by and if rendered under the general or special supervision of any member of the medical staff or emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that effort shall be made to contact the emergency contact prior to rendering treatment to the undersigned, but that any of the above treatment will not be withheld if the emergency contact cannot be reached. This authorization is given pursuant to provisions of Section 25.8 of the Civil Code of California.

I further agree not to hold the ISL Summer Robotics Camp liable for the medical aid rendered and will reimburse the ISL Summer Robotics Camp for any medical or other expenses incurred.

Applicant Signature

Date

PART 4: COACH SURVEY

- To be completed by applicant

The following information will be important for program officials to know in the event that you are selected. The information that you provide will not affect the evaluation of your application. Please provide honest responses.

What is your preferred adult, unisex, T-shirt size? S M L XL N/A

What is your womens' scoop neck shirt size? S M L XL N/A

How would you rate your level of computer skills? None Novice Intermediate Advanced

How would you rate your level of robotic knowledge? None Novice Intermediate Advanced

Yes No Do you have any physical or medical condition/needs of which the program staff should be aware or that can restrict your participation in certain type of activities?
If yes, please describe: _____

Yes No Do you have any special food restrictions or preferences (i.e. allergies, vegetarianism, religious prohibitions, etc.)?
If yes, please describe: _____

In case of emergency, contact: _____
Relationship: _____ Phone: () _____

COMPLETED APPLICATION

- Please read carefully

All parts of this application must be completed and mailed together or the application will be considered incomplete. Incomplete or late applications will not be processed. All information provided will remain confidential.

Mail completed application to: Dr. R.S. Renner, Director
ISL Summer Robotics Camp
Department of Computer Science
California State University, Chico
Chico, CA 95929-0410

Completed applications must be received by
Friday, June 2, 2006