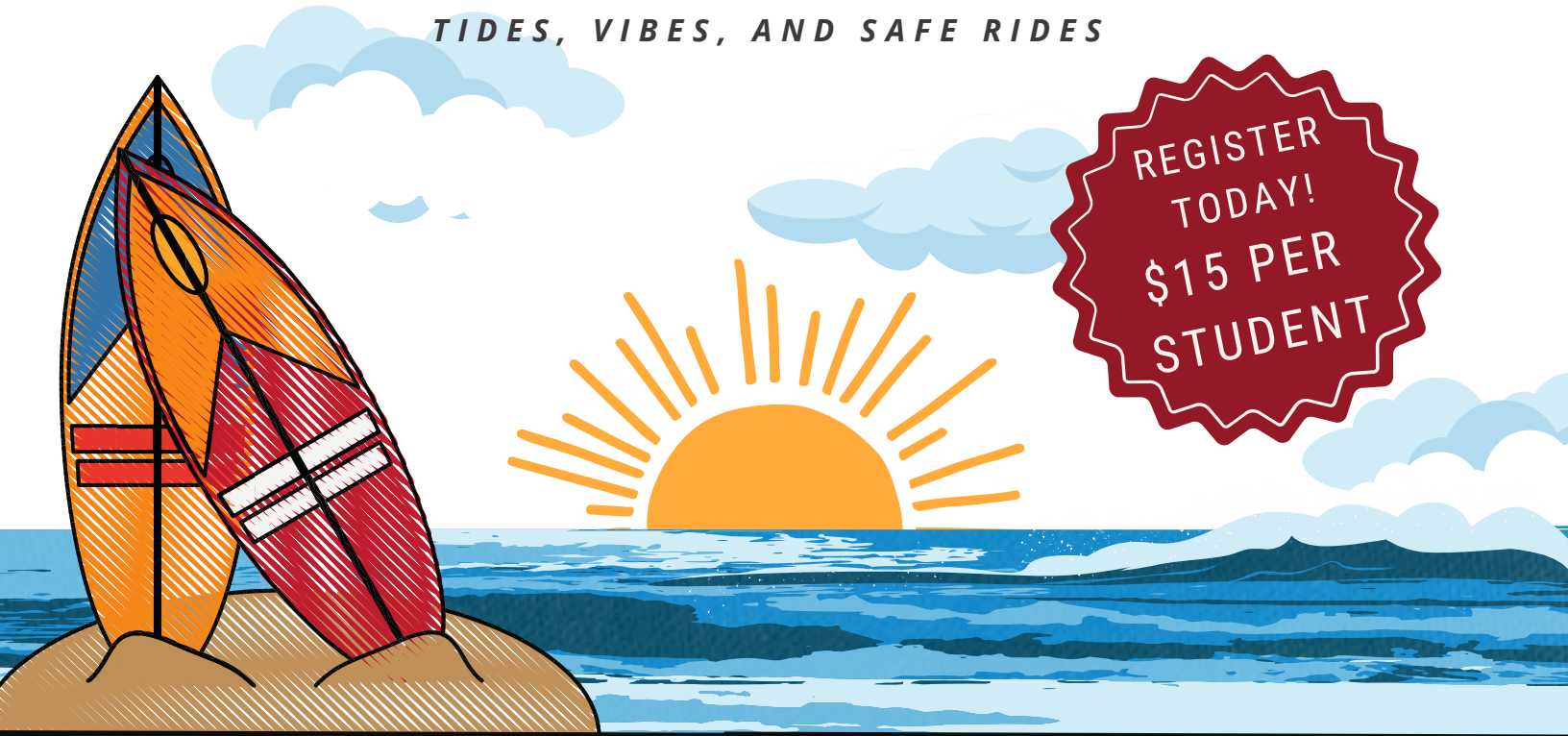


YOVASO PRESENTS

2025 SUMMER LEADERSHIP RETREAT

TIDES, VIBES, AND SAFE RIDES



REGISTER
TODAY!
\$15 PER
STUDENT

JOIN US TO EXPERIENCE :

Leading Youth Motivational Speaker, Cara Filler

A Simulated Crash Scenario with VCU's Project IMPACT

YOVASO'S Annual Talent Show, PJ Party, and Glow Stick Game

Multimedia Trivia Game Show Hosted by TjohnE Productions

Connecting with Young Traffic Safety Leaders from Across Virginia

AND SO MUCH MORE!



REGISTRATION IS OPEN FOR RISING 9TH
GRADERS THRU GRADUATING SENIORS

JULY 17-20, 2025

JAMES MADISON UNIVERSITY



REGISTER AT [YOVASO.ORG/SUMMER-RETREAT](https://yovaso.org/summer-retreat) OR SCAN THE QR CODE



Hello School Sponsors and SROs!

It's time for *"Tides, Vibes, and Safe Rides,"* the 2025 annual YOVASO Summer Leadership Retreat at James Madison University July 17-20, 2025! Student leaders and adult sponsors are encouraged to join us and other advocates from across the state to learn effective strategies for promoting young driver and passenger safety. The beach-themed Retreat will include interactive programming, workshops, motivational and personal story speakers, guided project planning sessions, nightly socials, and special sessions for school sponsors and SROs. The Retreat is only \$15 per student or \$75 for a team of 6 students. **Adult sponsors accompanying a team of students attend at no cost.**

Please encourage your club members and student leaders to attend. We are looking for rising 9th graders to graduating seniors who are positive role models among their peers and believe in the importance of making smart choices when it comes to driver and passenger safety. The student(s) should be in good standing with their school, be comfortable working with a diverse team of students from other localities, and be able to actively participate in full days of indoor and outdoor hands-on activities, presentations, classroom workshops, and team building projects. A tentative Retreat agenda will be posted on the YOVASO website by March 15.

The 2025 Retreat promises four days of exciting, motivational, and educational activities. New activities for 2025 include [VCU Health Project Impact](#), a simulated crash and hospital trauma bay experience. This is a great opportunity to view Project Impact and get details on booking it for your school! Other new features include Motivational Speaker [Cara Filler](#) and a variety of workshops on student leadership and best practices for successful peer-to-peer clubs. *Due to the sensitive nature of the retreat's focus on highway safety, please note on the registration form if your school or community has experience a recent tragedy.*

The four-day, three-night retreat includes overnight accommodations, meals, educational/hands on sessions, and materials. The dorm rooms, meeting rooms, and activity areas are all located on the east side of JMU campus and provide a safe environment for all participants.

Registration Information:

Each school or youth group may register a team of up to 6 students* and at least 1 adult advisor. An adult advisor/SRO must attend with student teams, participate in all retreat activities and club planning sessions, and serve as chaperones for the students. **An adult advisor or SRO can represent multiple school teams from a school division, if needed.** Registered schools and youth groups will be allowed to sign up additional students if the retreat is not full by the deadline. We suggest you keep a waiting list of interested students and their completed registration forms in case space is available. Students and adults are required to stay overnight in the dorms. (* The 6 students do not include Retreat Youth Leaders if you have any from your school.)

Background Check Requirement: Per JMU and YOVASO/VSP requirements, background checks will be conducted on all Adult Sponsors and Retreat Staff 18 years or older. Information on completing the background checks is outlined on the attached Adult Registration Form.

Registration forms are attached and can also be downloaded from the [website](#). Adult advisors and SROs who would like to register online should complete the [Adult Registration Form](#). Students may also register online by completing the [Student Registration Form](#). Registration forms not completed online should be mailed to YOVASO, C/O Virginia State Police Division 6, 3775 West Main St, Salem, VA 24153.

Registration Fee:

YOVASO charges the small individual or team fee to help offset the cost of retreat materials that aren't funded by our grant and to help increase attendance accountability for those who register. The fee also helps fund the cost of retreat t-shirts, backpacks, and lanyards; and helps recover some of the dorm room and meal costs for any no shows. **Note:** Payment refunds will only be given for cancellations made prior to the June 22 deadline.

- **Cost of Registration: \$15 per student or \$75 for a team of 6 students. An adult sponsor must accompany a school team of students. The adult sponsor attends at no cost.**
- **FINAL REGISTRATION DEADLINE: June 22.**

** Retreat Youth Leaders and Teachers/SROs who accompany a team of students will not be charged a Retreat fee.*

Payment Details:

Note - School sponsors should provide instructions to students and parents on how to submit the registration fee, with specific instructions on whether the student's fee is turned into you, or a check mailed directly to YOVASO. Please refer to the adult and student registration forms for more specific information on payment and an address to mail your payment, if applicable.

Registration Confirmation:

If registration is completed online, you will be notified via the email you provided that your registration was received. For payment, follow instructions above.

All registered participants will receive final retreat packets in late June with maps, directions, packing list, and other retreat details.

Please encourage your students to join us for this exciting Retreat and share the information with fellow teachers, churches and other youth groups in your community. This is an excellent opportunity for students to gain leadership skills, train for peer-to-peer work, and learn key behaviors and skills for safer and more responsible driving.

If you have any questions about the retreat or registration, please call email me at callie.clary@vsp.virginia.gov or call Mary King, YOVASO Program Manager, at 804-461-0396.

YOVASO looks forward to seeing your school or youth club at the retreat this summer!

Sincerely,

Callie Toler

Callie Toler, Retreat Director

Enclosures:

- Retreat Flyer
- Student Registration Form (email callie.clary@vsp.virginia.gov to request print copies)
In an effort to save paper, we recommend registering online at www.yovaso.org (click on Retreats tab)
- Adult Registration Form





2025 YOVASO Summer Leadership Retreat
July 17-20, James Madison University, Harrisonburg, VA
School Sponsor / SRO / Adult Volunteer
Registration Form



Please complete and return the attached form as soon as possible to ensure your spot or submit online at www.yovaso.org/summer-retreat

Full Name: _____

Your name will be on your name tag that you will wear each day. Please list below how you would like your name to be listed. For example, your name is Zachary Smith, but you want your name tag to say Zach Smith.

Email: _____

Title: _____

Gender: Male ____ Female ____ Other ____ Please Specify: _____

School Representing: _____

Number of Students Bringing: _____

Please provide names of students you will be bringing:

How many Retreats have you attended? _____

Required Background Check Information: (Note: Prior background checks with your employer or an organization do not qualify)

JMU and the Virginia State Police require **ALL civilian adults** (ages 18 and over) attending the retreat to undergo a background check. This is becoming a standard practice for all conferences where adult participants have direct contact with minors. **Steps:**

- You will need to get fingerprinted locally at your police department or sheriff's office or a VSP Area Office near you.
- **PRINT** the attached "National Criminal Background Check for Volunteers Providing Care to Children, the Elderly, and Disabled" form or download it from the online link: <https://vsp.virginia.gov/wp-content/uploads/2021/07/SP-325-National-Criminal-Record-Request-Employeess-Volunteers-Rev07-01-2019.pdf>
- **Complete Section 1 on the form only.**
- **MAIL** the completed form and fingerprint card to Mary King at YOVASO. **The fee for the background check is waived by VSP Personnel, so the form and fingerprint card must be sent to us - DO NOT SUBMIT THE FORM ONLINE. Mail to:**

Mary King, YOVASO Program Manager
Virginia State Police, Division 6
3775 West Main Street
Salem, VA 24153

- If you have any questions about the background check process, email Mary King: mary.king@vsp.virginia.gov

Summer Contact Information: (Retreat packets will be mailed in late June, so provide your summer mailing address)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Summer Contact Phone Number: _____

(A phone number where you can be reached during the summer)

Overnight Accommodations:

All adult sponsors and SROs will be rooming in the dorms **and** chaperoning their students.

The availability for a single room is limited. Please write the first and last name of the person you would like to room with if a single isn't available: _____

**Write N/A in the space above if you do not have a roommate request.*

**If you have any rooming preferences or concerns, please contact Callie Toler.*

Lost Key Information:

James Madison University has a Lost Key Policy that states any lost keys during the Retreat will result in a \$50 replacement fee. YOVASO provides a free lanyard and backpack to all participants to help ensure they are able to keep up with their belongings. Please note that the \$50 will be the participant's responsibility and to be paid prior to the end of the retreat. Adult signature below is needed to confirm that you understand the Lost Key Policy.

Please sign that you understand the Lost Key Policy: _____

Dining / Dietary Needs:

Please list all food allergies and/or special dietary needs (such as vegetarian, vegan, etc.):

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Contact Phone Numbers: (Cell) _____ (Home) _____ (Work) _____

Insurance Information:

Insurance Company: _____ Policy/Group Number: _____

Any health conditions staff should be aware if you become ill or injured: _____

T-Shirt Size: (circle one) S M L XL 2XL 3XL Other: _____

(*T-shirts are adult sizes only/You must register by June 1 to guarantee you receive your t-shirt size.)

I agree to attend the 2025 YOVASO Summer Leadership Retreat and, if accompanying students, agree to be in charge of chaperoning students that are attending from my school.

Sponsor/SRO Signature: _____ Date: _____

Sensitive Subject Disclaimer:

During the week, we will have personal speakers sharing their own experiences and a realistic opportunity for students to see the process before, during and after a crash through our Project IMPACT mock crash scenario. Please indicate below if your school or community has experienced a tragedy in recent years, or if you or any of your students attending the retreat have experienced a personal or family-related tragedy that we should be aware of. *We also included this question on our Student Registration Form.*

Registration Fee:

YOVASO will be charging a small fee for retreat participants. This fee helps to offset the cost of retreat materials that are not funded under our grant and increase attendance accountability for those who register. This will enable us to continue providing t-shirts, backpacks, and lanyards and help us recover some of the dorm room and meal costs for any no shows. **The final deadline to register is June 22. Refunds will only be given for cancellations made prior to this date.** *YOVASO Youth Leaders will not be charged a retreat fee.

Registration Fee: \$15 per person or \$75 for a group of 6 students.

*****Adults attending with a group of student will not be charged a fee! The team fee covers the six students attending!**

There will be an online payment option, or you can mail checks to YOVASO. Checks are to be made out to YOVASO and mailed to the address below.

For Online Payments:

This year YOVASO is offering an online payment option. If you would like to pay online for you and/or students, you can scan the QR Code below to pay. In the notes section on PayPal, please include your name and any students you will be paying for and Summer Leadership Retreat.



For mail-in payments:

Please write your name and/or the name of the students the fee will cover on the check or on an attachment. Please write checks to:

YOVASO Summer Leadership Retreat
Virginia State Police, Division 6
3775 West Main Street
Salem, VA 24153

Registration forms may be mailed with your check, submitted online at www.yovaso.org/summer-retreat via PayPal or scanned and emailed to Callie Toler at callie.clary@vsp.virginia.gov



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF STATE POLICE

SP-325 Rev. 07-01-2019

National Criminal Record Request for Employees or Volunteers Providing Care to Children,
the Elderly, or Disabled under the National Child Protection Act and the Volunteers for Children Act

Pursuant to the National Child Protection Act of 1993, as amended, this form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom national criminal history records are requested by a qualified business/organization under these laws.

Instructions to the Applicant/Volunteer and Qualified Business/Organization:

- Applicant must provide name, address and date of birth and sign the disclosure in Section I. Optionally, the Applicant may complete and sign the Waiver Agreement and Statement in Section I. One Applicant Fingerprint Card (FD-258) must be completed and submitted with this form.
- Qualified Business/Organization must complete all information in Section II. Complete payment information in Section III. Mail a copy of this completed form and Applicant Fingerprint Card (FD-258) with payment to: Virginia State Police, Non-Criminal Justice, P.O. Box 85076, Richmond, VA 23285-5076. This signed original form must be retained by the qualified business/organization. If the fingerprint card is mailed to VSP, a copy of this form should be attached.

SECTION I. APPLICANT OR VOLUNTEER – PLEASE READ THOROUGHLY

The qualified business/organization named below is entitled by §19.2-392.02 of the Code of Virginia to:

1) obtain a copy of any criminal history record I may have, 2) obtain a prompt determination as to the validity of criminal record(s) I may have before a final employment determination is made and 3) prior to the completion of the criminal records search the qualified business/organization may choose to deny me unsupervised access to children, the elderly, or disabled for which the entity provides care.

I am a current prospective (check one): ☐ Employee ☐ Volunteer

Printed Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

APPLICANT/VOLUNTEER DISCLOSURE

By virtue of my signature I certify the name, address, and personal descriptive information is accurate as recorded on this document and fingerprint impressions belong to me. I am apprised of the right to obtain and/or challenge the accuracy/completeness of the information contained in a criminal history record and may initiate a challenge by following the directions recorded on the reverse side of this form.

Signature: _____ Date: _____

WAIVER AGREEMENT AND STATEMENT - OPTIONAL

I hereby authorize (Enter Name of Qualified Business/Organization) _____ to submit a set of my fingerprints through the fingerprint vendor or mail along with this form to the Virginia State Police (VSP), for the purpose of accessing and reviewing Virginia and national criminal history records that may pertain to me directly from the Virginia Central Criminal Records Exchange (CCRE) pursuant to Virginia Code §19.2-389. By signing this optional Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the qualified business/organization with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

Signature: _____ Date: _____

SECTION II. TO BE COMPLETED BY QUALIFIED BUSINESS/ORGANIZATION

I hereby submit this written request for the fingerprints attached to be searched through the CCRE and the Federal Bureau of Investigation to assist in determining suitability for employment/volunteering services in the care of children, the elderly or disabled. As recorded in the section below. I represent a qualified business/organization entitled to receive fingerprint-based searches pursuant to §19.2-392.02 of the Code of Virginia.

Business/Organization Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____ Account/Tracking # _____

Date of Request

Signature of Authorized Agent

Printed name

SECTION III. PAYMENT OPTIONS:

Check one payment choice – personal checks not accepted:

Search Fees: Employment - \$27.00 Volunteer - \$20.00

☐ MasterCard ☐ Visa ☐ Virginia State Police NCJ Account or Tracking # _____

Account # _____ Expiration Date: _____

Authorized Signature _____ Date _____

☐ Certified/Business Check or Money Order payable to Virginia State Police

ORIGINAL SIGNED FORM MUST BE RETAINED BY QUALIFIED BUSINESS/ORGANIZATION