



YOUTH LEADERSHIP APPLICATION

(Please complete and return all 7 pages of the application to the Chamber by 3 p.m., Wednesday, September 21st)

Date:

PLEASE TYPE or PRINT LEGIBLY

PERSONAL INFORMATION

Email Address (must provide for contact purposes):		
Name:		
(LAST)	(FIRST)	(MIDDLE)
Home Address: (please include City & Zip)		Phone:
Mailing Address:		
Parent's Name(s):		
Address:		Phone:

SCHOOL EXPERIENCE

School Presently Attending:
Student ID Number:
Main Area of Interest in Studies:

ORGANIZATIONS AND ACTIVITIES

Please list in order of importance to you (up to five) school, volunteer, religious, social, athletic, or other activities/organizations in which you have participated during high school.

ACTIVITY/ORGANIZATION	GRADE IN SCHOOL	LEADERSHIP RESPONSIBILITY INVOLVEMENT
1.		
2.		
3.		
4.		
5.		

List up to three (3) special awards, honors or recognitions for academic, school or community related activities you have received during high school.

WORK EXPERIENCE

List any part-time job experiences, paid or volunteer, and briefly tell what was/is involved.

Do you currently have a part-time job?	If yes, how many hours do you work per week?

GENERAL INFORMATION

1. Using a few phrases or adjectives, describe yourself.

2. What are your educational and career goals?

3. When you are twenty-five, where do you hope to be living and what would you like to be doing?

4. List any hobbies or special interests which you have.

5. Who is your personal hero, and why?

6. What is the most rewarding experience you have had?

REFERENCE

Please give the attached reference forms to two (one from the school and one from the community) adults who know you well, other than a parent or relative (i.e., teacher, administrator, employer, volunteer coordinator, etc.).

1. Name of Reference:
Position/Title:
Firm/Organization:
Address:
Telephone Number:
2. Name of Reference:
Position/Title:
Firm/Organization:
Address:
Telephone Number:

PROGRAM CONSENT

1. I understand that I **must** attend all scheduled leadership experiences including orientation and graduation to graduate from this program. (Note: School attendance credit will be granted for each class session attended).
2. We have checked the program calendar dates on the enclosed information sheet before submitting application and understand the attendance requirement (school activities, sports, clubs, employment, etc. are **not** excused absences from the leadership trips).

Signature of Applicant:	Date:
Signature of Parent/Guardian:	Date:
Signature of Principal:	Date:

3. During the Youth Leadership Program, photographs/videos will be taken. I consent to the use of my photograph/video in any literature or presentations involved with this leadership program.

Signature of Applicant:	Date:
Signature of Parent/Guardian:	Date:

4. Attach completed Off-Campus Permission Form (see Attendance office for form).

TRANSPORTATION

Students are responsible for their own transportation to and from the Northeast Polk Chamber of Commerce where all leadership experiences will begin and end and must arrive on time and be picked up at the Chamber at the time specified for each trip. Transportation during each leadership experience will be provided through the program via a 15 passenger van. Masks may be required for some itineraries. A total of 6 students will be selected for the program.

<input type="checkbox"/>	Please check here if you have a problem supplying your own transportation to and from the Chamber of Commerce.
--------------------------	--

If you are selected to participate in the Northeast Polk Chamber of Commerce Youth Leadership program you will be required to wear a polo shirt provided by the Chamber on trips. Please circle the size & make of shirt below (W – Women’s fit; M – Men’s fit):

X-Small – W Small – W Medium – W Large – W X-Large – W XXL - W

X-Small – M Small – M Medium – M Large – M X-Large – M XXL – M

Other Size (please specify) _____

APPLICANTS WILL BE REVIEWED IN CONFIDENCE

All applicants will be notified of the Selection Committee’s decision.

RETURN THE COMPLETED APPLICATION TO YOUR HIGH SCHOOL GUIDANCE COUNSELOR.

PLEASE TYPE

ESSAY

Please respond to the following question in 100 words or less. Please be sure to sign your essay. Why do you think you would be a good candidate for the Youth Leadership Program?

Signature

Date



YOUTH LEADERSHIP REFERENCE FORM

APPLICANT

Fill in your name and give this form to a reference.

Name:

(LAST)

(FIRST)

(MIDDLE)

REFERENCE

The above applicant for the Northeast Polk Chamber of Commerce's Youth Leadership program has selected you as a reference.

The Selection Committee is interested in the statements you make regarding this applicant and gratefully acknowledges the time taken to prepare this assessment.

Name of Reference:	
Position/Title:	
Firm/Organization:	
Address:	City:
Zip:	Phone:

PLEASE ANSWER THE FOLLOWING:

1. For how long and in what capacity have you known this applicant?
2. What do you consider the applicant's primary talents or strengths?
3. In what area do you feel the applicant could improve?
4. Comment on the applicant's relationships with his or her peers.

5. Why do you feel this applicant would be a good candidate for the Youth Leadership Program?

SIGNATURE

DATE

Please return this form (in the attached envelope) to the High School Guidance Counselor for inclusion with the student's application.