

Application

A partnership program between Leadership Pinellas and the YMCA of the Suncoast
YOUTH LEADERSHIP PINELLAS CONFIDENTIAL APPLICATION

Name: _____
(last) (first) (middle)

Name I wish to go by/ want on my nametag: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email Address: _____

School: _____ Grade: _____

What activities do you participate in inside and outside of school and what role do you play in each?

Why do you feel that you can benefit from Youth Leadership Pinellas? _____

What can you contribute to a community leadership program? _____

Using a few phrases or adjectives, please describe yourself: _____

What three things are you concerned about in our community? _____

Over the past four years what activities have you been involved in (school, volunteering, church, athletics, etc) that were most important to you? _____

Do you currently have a job? If so, briefly describe your duties _____

Would your work interfere with your participation in Youth Leadership Pinellas? _____

What else would you like to tell us about yourself? _____

Whom do you most admire? _____

What qualities do you most admire in others? _____

What are your hobbies? _____

In 200 words or less, please respond to:

If you could change anything in your community, what would it be? Why and how would you do it?

References: Statements from references should be furnished from those you list below and given directly to the YMCA of the Suncoast. Reference forms are provided.

Name of reference: _____

Mailing address: _____

Daytime phone: _____ Relationship: _____

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Mailing address: _____

Daytime phone: _____ Relationship: _____

100% attendance is expected and required for graduation from Youth Leadership Pinellas. If selected, I commit to full participation in all sessions and to established standards of the program.

Applicant signature: _____

Parent/Legal guardian signature: _____

Youth Leadership Pinellas

Please remit to:

Judy Mullican – Leadership Pinellas

PO Box 5986 Clearwater FL 33758-5986

Via email: www.leadershoppinellas.com

Questions: Shannon Kimball or Mike Henniger – 727-772-9622

Application Deadline: October 1, 2011

Principles of Participation

- One parent or guardian is expected to attend the beginning of the Opening Retreat.
- Parents/Guardians are responsible for transportation to and from Youth Leadership Pinellas program days.
- All program days (with the exception of the Opening Retreat) begin at 8:00 a.m. and end at 5:00 at the EpiCenter at St. Petersburg College, 13805 58th St. N. Largo. 77-341-3320
- Students are expected to participate in the full program day. They may not be picked up during the program day unless there's an emergency.
- Students will only be released to parent/guardian included on this document.

Parental Permission

I am the parent/legal guardian of _____ (student name).

I have read the information on the Youth Leadership Pinellas Program and am willing to have my child participate. Youth Leadership Pinellas, its agents and its employees have my full permission and consent to transport and otherwise provide transportation for my child by public service bus, private automobile, YMCA bus or other appropriate means of transportation in connection with all sessions of Youth Leadership Pinellas during the school year in which he/she is a participant.

Further, I understand that Youth Leadership Pinellas is a program run separate from any public or private related school program. All program days my child is away from school, they are responsible for making up missed work and for getting the absences excused through school. I hereby release and hold harmless Youth Leadership Pinellas, Leadership Pinellas, the YMCA of the Suncoast, its members, agents, employees or any individuals involved in the planning, organization or presentation of Youth Leadership Pinellas programming, for any accident, injury, illness or any damage whatsoever related to the above mentioned student's attendance at or participation in any activities or session of Youth Leadership Pinellas.

Parent/Legal Guardian Name: _____

Address: _____

City: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell: _____

Signature of Parent/Legal Guardian: _____

Date: _____