

# Application

a program of  
and



## 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: \_\_\_\_\_

In what activities do you participate and what role do you play - inside and outside of school?

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Do you feel that you can benefit from Youth Leadership Pinellas? Why? \_\_\_\_\_

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What can you contribute to a community leadership program? \_\_\_\_\_

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Using a few phrases or adjectives, please describe yourself: \_\_\_\_\_

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What three things are you concerned about in our community? \_\_\_\_\_

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What are the four activities (school, volunteering, church, athletics, etc) most important to you, in which you have been involved over the past four years? \_\_\_\_\_

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

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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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\_\_\_\_\_

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**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](http://www.leadershoppinellas.com)  
Questions: Shannon Kimball – 727-772-9622  
**Application Deadline: October 1, 2010**

# 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: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_