



Youth

CONFIDENTIAL APPLICATION

APPLICANT WILL NOT BE CONSIDERED UNLESS THIS AND ALL OTHER FORMS ARE SUBMITTED BY THE DEADLINE JUNE 4

LAST NAME	FIRST	PREFERRED FIRST NAME	MIDDLE
ADDRESS		CITY	STATE ZIP
HOME PHONE & CELL PHONE	AGE	DATE OF BIRTH	GENDER RACE/ETHNICITY
APPLICANT'S EMAIL	SCHOOL	GRADE	COUNSELOR
PARENT (S) FIRST AND LAST NAME		PARENT'S EMAIL	

List no more than 3 **SCHOOL RELATED** activities in which you have participated in during the last 2 (two) years.

NAME OF SCHOOL CLUB / ORGANIZATION / SPORT	DATES INVOLVED	WHAT WAS YOUR ROLE IN THE ACTIVITY?
--	----------------	-------------------------------------

- 1.
- 2.
- 3.

WHAT SCHOOL ACTIVITIES WOULD YOU LIKE TO BE IN? _____

IF YOU HAVEN'T HAD THE OPPORTUNITY TO PARTICIPATE IN ACTIVITIES / ORGANIZATION , WHY NOT? _____

List no more than 3 **NON - SCHOOL RELATED** activities in which you have participated in during the last 2 (two) years. (For example: community / civic / religious / scouting / volunteer / athletic, etc.)

NAME OF SCHOOL CLUB / ORGANIZATION / SPORT	DATES INVOLVED	WHAT WAS YOUR ROLE IN THE ACTIVITY?
--	----------------	-------------------------------------

- 1.
- 2.
- 3.

WHAT NON-SCHOOL ACTIVITIES WOULD YOU LIKE TO BE IN? _____

IF YOU HAVEN'T HAD THE OPPORTUNITY TO PARTICIPATE IN ACTIVITIES / ORGANIZATION , WHY NOT? _____

Describe a special gift or talent you have.

Describe a time when your actions positively affected another person, your school, or your neighborhood.

If you could change anything about your school or community, what would it be and why?

If selected for the Leadership Warren Youth program, how would you balance your employment with your commitment to the program and school work?

List any special recognition or honors for academic, school, religious or community related activities you have received over the last 2 (two) years.

Will you be employed during the school year? If so, how many hours do you work during the week?

If selected, you commit to attend the program orientation, the opening and closing retreats, each of the 7 (seven) program sessions and graduation. Full attendance by each participant is mandatory if Leadership Warren Youth is to meet its objectives. Leadership Warren Youth will work with schools to encourage school attendance credit.

I understand and accept the attendance requirements for Leadership Warren Youth .

STUDENT SIGNATURE

DATE

A CHECK IN THE AMOUNT OF \$30.00 MADE OUT TO THE WARREN COUNTY REGIONAL CHAMBER OF COMMERCE MUST BE ATTACHED WITH THE APPLICATION TO BE CONSIDERED FOR THE PROGRAM. IF YOU ARE NOT ACCEPTED INTO THE PROGRAM, THE CHECK WILL BE RETURNED TO YOU. ONCE ACCEPTED INTO THE PROGRAM, THE CHECK WILL BE CASHED AND UNREFUNDABLE.

Please give the attached reference forms to 2 (two) adults who know you well, excluding parent / guardian (example: teacher, faith leader, youth club advisor, employer, etc.) Remind each person that the reference form is due to the Leadership Youth Warren office by August 1st. Complete the following information which indicates to whom you gave the reference forms.

YOUR NAME _____

1.	NAME OF REFERENCE	POSITION / TITLE	
	SCHOOL / BUSINESS / ORGANIZATION	ADDRESS	PHONE
2.	NAME OF REFERENCE	POSITION / TITLE	
	SCHOOL / BUSINESS / ORGANIZATION	ADDRESS	PHONE



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PARENT AND PRINCIPAL PERMISSION FORM

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PARENT PERMISSION

Student Name _____

I am the legal parent / guardian of _____ (student name). I have read the information on the Leadership Warren Youth program and am willing to have the above named child participate. I understand that attendance at all sessions and retreats is MANDATORY. Leadership Warren Youth, its agents and its employees have my full permission and consent to transport and otherwise provide transportation for this child by public service bus, private automobile, vans or other appropriate means of transportation in connection with all sessions of Leadership Warren Youth during the school year in which she/he is a participant.

I hereby release and hold harmless WCRCC Leadership Warren Youth, its members, agents, employees or any individual; involved in the planning, organization or presentation of Leadership Warren Youth programming for any accident, injury, illness or any damage related to the above mentioned student's attendance at or participation in any activity or session of Leadership Warren Youth.

PARENT (S) / LEGAL GUARDIAN NAME (PLEASE PRINT)

SIGNATURE OF PARENT (S) / LEGAL GUARDIAN

DATE

HOME PHONE

WORK PHONE

ADDRESS

CITY

STATE

ZIP

SCHOOL APPROVAL

All applicants MUST have the approval of their school principal to attend the 9 mandatory sessions of Leadership Warren Youth. Please have your principal sign below.

I approve the participation of _____ (student name) in the Leadership Warren Youth program for their junior year of school. The student meets the criteria of being academically sound.

PRINCIPAL NAME (PLEASE PRINT)

SCHOOL

PHONE

SIGNATURE OF PRINCIPAL

DATE

STUDENT'S GPA (SCALE OF 4.0) _____



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REFERENCE FORM

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REFERENCE FORM

Student Name _____

TO THE REFERENCE: The person listed above is an applicant for the Leadership Warren Youth program. It is an interactive, hands-on experience aimed at youth who demonstrate leadership potential and an interest in the community. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

Please type or print. Use this form only and this side only, no additional paper. Applications will be reviewed in confidence.

NAME OF ADULT REFERENCE (*PLEASE PRINT*) _____

POSITION / TITLE _____

SCHOOL / BUSINESS / RELIGIOUS GROUP / ORGANIZATION _____

HOME PHONE _____

WORK PHONE _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

1. Length of time you have known applicant? How do you know the applicant? _____

2. Tell us something you find unique about the applicant. _____

3. We are looking for a well-rounded class with applicants from each category below. Which best describes the personality of the applicant.

ALREADY ESTABLISHED

BECOMING A LEADER (*have had some experience leading*)

COULD BE A LEADER (*shows interest but needs skill and opportunity*)

4. What else would you like to say about the applicant? _____



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