

SCHOOL ORGANIZATIONS & ACTIVITIES

In order of importance, list up to five school related activities (volunteer, religious, social, athletics) you have participated in during the past year.

	Grade	Leadership Responsibility/Involvement
1.		
2.		
3.		
4.		
5.		

COMMUNITY ORGANIZATIONS & ACTIVITIES

In order of personal importance, list up to five volunteer, religious, social, etc. activities outside of school that you have participated in during the past four years.

	Grade	Leadership Responsibility/Involvement
1.		
2.		
3.		
4.		
5.		

ESSAY

In 250 words or less, define an ideal leader and what qualities of a leader you see in yourself. Please TYPE your essay on a separate piece of paper and sign it. If you cannot type your essay, please PRINT in BLACK ink.

PARENT APPROVAL FOR CHILD'S PARTICIPATION IN YOUTH LEADERSHIP

PARTICIPANT'S NAME _____

I have read the requirements for student participation in Youth Leadership. My signature indicates my approval for my child's participation. I give my permission for photographs of my child in Youth Leadership to be used in any publication by Youth Leadership Mahoning Valley. I give my consent for the following medical care providers and local hospitals to be called in case of an emergency:

Physician _____	Telephone # _____
Dentist _____	Telephone # _____
Medical Specialist _____	Telephone # _____
Local Hospital _____	Telephone # _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by the above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Fact concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____

I hereby grant permission for **YOUTH LEADERSHIP MAHONING VALLEY** to transport my child between sites on monthly scheduled dates. I will be responsible for the timely drop off and pick up of my child on each program day.

Date: _____ Signature of Parent/Guardian: _____

TUITION

The tuition fee of \$200 covers all participant costs, including transportation during the program days, lunch and materials.

WEATHER

In the event of a snow day cancellation, the program day will not be rescheduled.

PRINCIPAL NOMINATION

I support this student's application to Youth Leadership Mahoning Valley. I understand that attendance is required at all program days.

Date: _____ Signature of Principal: _____

Printed Name of Principal: _____ School Phone: _____

School Address: _____

APPLICANT COMMITMENT

I understand the purpose of Youth Leadership Mahoning Valley. If I am selected, I will devote my time and resources to completing the program. In signing this application, I understand and accept these commitments and agree to honor them. *I understand that attendance is mandatory at all monthly meetings.*

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Parent: _____