



**EASTERN SHORE CHAMBER YOUTH LEADERSHIP**

**Spring 2016 – Application Package** (4 pages counting this page)

After completing the application and returning it to the indicated address, each candidate must participate in the interview process for the youth leadership program. Following are the interview dates and locations for applicants to the 2016-2017 leadership class. Please indicate below your 1<sup>st</sup> and 2<sup>nd</sup> choices for interview dates and times and **return this choice sheet with your completed application by the Friday, April 15, 2016 deadline.**

We will contact you soon after the application deadline to confirm your interview date and time. Interviews last approximately 10-12 minutes per applicant. Note that the interviews will be conducted at both Chamber office locations – downtown Fairhope and the Overlook in Daphne.

Name	
School	
Contact Number	

- Wednesday, April 27, 2016 between 3:30 – 7:30 pm at the Chamber office in Fairhope
- Thursday, April 28, 2016 between 3:30 – 7:30 pm at the Chamber office in Fairhope
- Monday, May 2, 2016 between 3:30 – 7:30 pm at the Overlook office in Daphne
- Tuesday, May 3, 2016 between 3:30 – 7:30 pm at the Overlook office in Daphne

Please write in your 1<sup>st</sup> and 2<sup>nd</sup> date choices from the four above & indicate approximate time. (for example: Thursday, April 28 between 5-6 pm)

1<sup>st</sup> choice date and approximate time \_\_\_\_\_  
 2<sup>nd</sup> choice date and approximate time \_\_\_\_\_

***The Eastern Shore Youth Leadership Program will begin **Saturday, August 20, 2016** with a **Mandatory Opening Retreat & Orientation** Location to be announced***

*Schedules will be distributed prior to the program beginning. Participants and schools will be notified.*

## **Eastern Shore Chamber Foundation** **Youth Leadership Program Permission Form**

Return Application to: Eastern Shore Chamber Youth Leadership \* 327 Fairhope Avenue, Fairhope, AL 36532  
by April 15, 2016

### **Personal Information** (Please type or print in ink, not pencil)

Full Name	
Preferred Name	
Contact Number	Text? Y or N
Email	
T-Shirt Size	
Sex	

### **School Approval**

Each applicant must have the approval of his/her school principal to attend the school day program sessions of Eastern Shore Chamber Youth Leadership. School attendance credit will be granted for each school session day attended. The student is responsible for making up missed work. Please have your principal sign below in the space provided.

School	
Current Grade	

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

### **Required Attendance**

FULL ATTENDANCE by each participant is essential if the Youth Leadership program is to meet its objectives. We require that you and your family make a commitment for you to attend the entire program: **I commit to attend and participate in each of the seminars and program days, as well as the opening and closing retreats. I understand that this attendance may include some school holidays or early dismissal days. I also agree to participate in all activities without the presence of family and friends so that I may interact fully with other members of the program.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Parental or Guardian Permission**

I am the parent/guardian of the above named student, and I give my full permission and consent to Eastern Shore Chamber Youth Leadership, its agents and employees to transport or provide transportation for my child by bus service, private automobile, vans or other appropriate means of transportation during the sessions. I understand that my child and I are responsible for transportation to and from the sites of seminar days, retreats, ropes course and volunteer opportunities. I hereby release and hold harmless Eastern Shore Chamber Youth Leadership, its members, agents, employees or any individuals involved in the planning, organization or presentation of Eastern Shore Chamber Youth Leadership programming, for any accident, illness, injury or damage whatsoever related to the above mentioned student's attendance and participation in any activity of Eastern Shore Chamber Youth Leadership.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Contact Number \_\_\_\_\_

# Youth Leadership Program Application

Return Application to: Eastern Shore Chamber Youth Leadership 327 Fairhope Avenue, Fairhope, AL 36532 **by April 15, 2016.**

**PLEASE NOTE THAT YOUR APPLICATION IS 50% OF YOUR SCORE.**

Name	
School	
Have you applied before?	
Areas of interest in school	
Areas of interest outside of school	

## Organizations and Activities

Please list in order of importance the school, volunteer, religious, social, athletic or other organizations/ activities in which you have participated during the last four years. Please include other leadership programs.

Organization	Year	Responsibility/Involvement/Position

## General Information

Use a few phrases or adjectives to describe yourself

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Why are you applying for the Eastern Shore Chamber Youth Leadership program?

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**Essay:** Please answer the following: **If you could change anything in your community, what would it be and how would you change it? (You may use additional pages as needed.)**

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## **Eastern Shore Chamber Foundation** **Youth Leadership Program Reference Form**

**TO BE COMPLETED BY THE APPLICANT**

Full Name	Preferred Name:
Email Address	
Contact Number	

Eastern Shore Chamber Youth Leadership must receive the completed form by **Friday, April 15, 2016**. Give this form, along with an envelope addressed to Eastern Shore Chamber Youth Leadership 327 Fairhope Avenue, Fairhope, AL 36532, to an adult who is willing to recommend you for the program. His/her comments will be used for Eastern Shore Chamber Youth Leadership program selection purposes only.

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**TO BE COMPLETED BY THE REFERENCE**

The person named above is an applicant for Eastern Shore Chamber Youth Leadership. The Selection Committee is aware of the time necessary on your part to prepare such an assessment and gratefully acknowledges your help. **Please mail this completed form to Eastern Shore Chamber Youth Leadership, 327 Fairhope Avenue, Fairhope, AL 36532 by Friday, April 15, 2016.** Questions? Call Eastern Shore Chamber Youth Leadership at 928-6387.

Name	
Title/Position	
School/Firm/Organization	
Email Address	
Contact Number	

How long have you known the candidate?

What do you consider the candidate's primary talents/strengths?

Please use this space and if needed, the back for additional comments about this applicant. Participants in Eastern Shore Chamber Youth Leadership will be working in groups with their peers, learning about the Eastern Shore community and developing personal leadership skills.

Please use the scale below to compare the applicant with other high school students you know.

<i>Characteristic</i>	<i>Exceptional</i>	<i>Outstanding</i>	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>	<i>Unable to judge</i>
Responsibility							
Commitment / Follow-through							
Initiative							
Curiosity							
Team Player							
Communication Skills							
Interest in community							

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your time and consideration in writing a reference for this Eastern Shore Chamber Youth Leadership candidate.*