

# Youth Leadership Application

## Personal Information

Name: \_\_\_\_\_

*First*

*Last*

*Middle*

*Preferred*

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School Name : \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parents Cell Phone: \_\_\_\_\_ Parent's Email : \_\_\_\_\_

Hobbies or Interests : \_\_\_\_\_

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## Education

GPA: \_\_\_\_\_

Special Awards: \_\_\_\_\_

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Extracurricular Activities: (sports, clubs, organizations, leadership roles, etc.)

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**Flint**  **nergies**

With your extracurriculars in mind, can you commit to attending all Youth Leadership monthly meetings or events? Yes  No

### Community Involvement

Include community, civic, political, government, or other activities that you have been involved with during your high school career (list up to 3):

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

Responsibilities/ Leadership Roles: \_\_\_\_\_

Organization Contact Name and Phone Number: \_\_\_\_\_

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

Responsibilities/ Leadership Roles: \_\_\_\_\_

Organization Contact Name and Phone Number: \_\_\_\_\_

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

Responsibilities/ Leadership Roles: \_\_\_\_\_

Organization Contact Name and Phone Number: \_\_\_\_\_

What do you consider your most important accomplishment in one of the above organizations and why? \_\_\_\_\_  
\_\_\_\_\_

How many hours did you volunteer this past school year? \_\_\_\_\_

### Community Perspective

1. What do you feel are the most significant problems facing your county?

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2. How would you solve one of these problems?

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3. What do you like most of all about living in your county?

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4. What does being a leader look like in your county?

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5. In 5 years, my goal is to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Commitment**

I live in the same county that my school is in. **Yes**  **No**

If selected, I will be an active participant in discussions and activities of Youth Leadership. **Yes**  **No**

If selected, I will be able to volunteer for a period of up to 8 hours during the school year. **Yes**  **No**

I understand the purpose of the Youth Leadership Program, and if I am selected, I will devote the time necessary to complete the program. I have read and understand the policies and procedures for this program (attached to this application). I will strive to make the most of this opportunity and conduct myself in a manner befitting my school and community.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian's Signature*

\_\_\_\_\_  
*Date*