



# Youth Leadership Highlands

## Information & Requirements

### **Mission**

Youth Leadership Highlands is designed to enhance leadership skills and awareness of the need for philanthropy, community service and civic participation in the lives of students in Highlands County.

### **Goals and Objectives**

- To identify youth with leadership potential who currently do not participate in leadership promoting organizations.
- To develop leadership skills in youth.
- To provide students with a unique opportunity to learn about themselves and their community.
- To establish a life-long commitment to community citizenship.

Students chosen for Youth Leadership Highlands will participate in a one-day leadership training session with their class, five days of visiting community social service, business, agriculture, government, and environmental organizations, and a graduation ceremony.

*For students who will be sophomores in the 2011-2012 school year.*

Must meet the following requirements:

1. Complete the application with the required signatures.
2. Be responsible for the schoolwork missed during scheduled activities.
3. Possess an excellent school attendance record.
4. Participate in at least 90% of YLH activities.
5. Personal transportation to and from the main meeting site.



2011-2012  
STUDENT APPLICATION  
YOUTH LEADERSHIP HIGHLANDS

Submission Deadline: May 30, 2011

PLEASE PRINT OR TYPE

NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE INITIAL

HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

STUDENT'S EMAIL ADDRESS: \_\_\_\_\_

PARENT'S EMAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PARENTS PHONE #'S: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ Grade enrolled Fall 2011: \_\_\_\_\_

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

STUDENT'S T-SHIRT SIZE: S M L XL (Please circle size)

In the space below, briefly describe your future plans and career interests that would most impact Highlands County and its future:

LIST BELOW THE SCHOOL ACTIVITIES/CLUBS/VOLUNTEER WORK/ EMPLOYMENT THAT YOU ARE CURRENTLY INVOLVED IN: WHICH TWO OF THESE ACTIVITIES ARE MOST IMPORTANT TO YOU AND WHY?

On a separate page, please describe why you should be selected to participate in the Youth Leadership Highlands Program.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

TEACHER, COUNSELOR, OR PERSONAL REFERENCES

Provide the name, address, and telephone number of two non-family references below (ie: school principals, vice principals, guidance counselors, youth leaders, etc.) Letters of reference may also be submitted:

Reference #1:

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Reference #2:

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## PARENTAL CONSENT AND RELEASE OF LIABILITY

### PARTICIPATION CONSENT

My child \_\_\_\_\_ has my permission to participate in the Youth Leadership Highlands Program sponsored by the Mason G. Smoak Foundation. We, parent or guardian, as signed below, hereby release and hold harmless the Mason G. Smoak Foundation, and it's officers, directors, employees, agents and volunteers, from all liability for any accident, injury, or claim which may result from our child's participation in the program.

I have read and understand the obligation of participants and I am aware it is my responsibility to arrange or provide transportation to and from the designated starting/ending site.

### PHOTO CONSENT

I give permission for my son/daughter to apply for the Youth Leadership Highlands Program and understand the responsibilities and obligations if my child is selected to participate. I agree to allow pictures taken of my son/daughter during Youth Leadership Highlands classes or functions to be used to promote Youth Leadership Highlands or for other related reasons.

### EMERGENCY CONTACT INFORMATION

Should you need to contact me, I may be reached between 8:00 a.m. and 5:00 p.m. at:

Name of Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PRINT NAME

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

Please return this form postmarked no later than May 30, 2011 to the address below:

Mason G. Smoak Foundation

1025 CR 17 North

Lake Placid, FL 33872