



Youth Civic Leadership Experience



A Port Orange South Daytona Chamber of Commerce Program

Application

Program Overview: The Youth Civic Leadership Experience is an intensive one-week summer program designed to teach community leadership and civic engagement by immersing students in the Port Orange government and local business community. The program is designed to develop informed individuals through field trips, interactive seminars, and face-to-face meetings with key community leaders.

Selection Criteria:

- Rising Sophomore or Junior in Port Orange/South Daytona High School
- Minimum cumulative GPA of 2.0
- Demonstrates commitment to community leadership and involvement
- Demonstrates personal integrity and responsibility
- Must attend entire week of program
- Must have daily transportation to/from POSD Chamber of Commerce
- Must have parental consent

Application Requirements:

1. **Questionnaire:** Be thorough and thoughtful in your responses to the attached questionnaire.
2. **Letters of Reference/Teacher Recommendation:** Applicant must have two letters of reference or teacher recommendations. Please provide the attached form to your teacher/supervisor with enough time to complete by the application deadline.
3. **Commitment/Consent Signatures:** Applicant must read and sign the attached commitment form. Parent or guardian must read and sign the attached consent form.

Important Dates:

Friday March 29, 2019 – ALL APPLICATIONS DUE - Completed packets are due to the Port Orange South Daytona Chamber of Commerce (3431 Ridgewood Avenue, Port Orange, FL 32129 Tel:(386) 761-1601

Wednesday April 17, 2019 – Program participants notified of acceptance. \$50 fee due upon acceptance.

Friday, June 7, 2019 – 9am-3pm -- T-shirts and orientation packets available for pickup at the POSD Chamber of Commerce Riverside Pavilion. Packets will also be available Monday June 10th.

Monday June 10, 2019 – Friday June 14, 2019: Program runs daily 8:00am – 3:00pm. Pick up and drop off at the POSD Chamber of Commerce Riverside Pavilion (3431 Ridgewood Ave, Port Orange 32129).

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ Age: _____

Home Address: _____ City: _____ Zip: _____

Email: _____ Cell Phone: _____ T-shirt Size: _____

School Name: _____ Grade: _____

Name of Parent/Guardian: _____

Home Phone: _____ Parent Work Phone: _____ Parent Cell Phone: _____

Parent Email: _____

Cumulative GPA: Weighted _____ Unweighted _____

Scholarship Requested: Yes No Free/Reduced Lunch: Yes No

Special requirements: dietary, physical or other

COMMUNITY INVOLVEMENT: (Please include leadership positions held):

Interests/Hobbies/Employment:

High School Activities:

Community/Church/Volunteer Activities:

SHORT ANSWER QUESTIONS:

1. What are your reasons for applying for the Youth Civic Leadership Experience? What unique contribution will you bring to the group? What would you like to gain from this program?

2. What are the most important qualities of an effective leader? What does leadership mean to you? Describe a time you have had the opportunity to test your leadership abilities.

3. Name a person who has had a tremendous impact on you. Describe how and why this person impacted your life.

4. What do you see as a significant challenge facing your community? Please share your ideas for addressing this challenge.



Youth Civic Leadership Experience



Letter of Recommendation

Applicant Name: _____ Grade Level: _____

What is your association with this applicant? _____

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Please assess the applicant in the following areas:

	No Opinion	Below Average	Average	Above Average
Produces quality work in a timely manner				
Possesses leadership potential				
Respected by peers				
Works well with people of all ages				
Exhibits courage and integrity				
Exhibits good judgement				
Possesses good social skills/manners				
Shows Innovative thought				
This student will represent our school well in the Youth Civic Leadership Experience				

Please comment on your observations of this applicant's leadership potential.

This program focuses on developing civic engagement. Briefly explain how this student could contribute to and benefit from the goals of this program.

Provide any other comments pertinent to evaluating this applicant's suitability for the YCLE.

I recommend this student for the Youth Civic Leadership Experience. I believe he/she has the potential leadership skills, which can be enhanced or developed by participation in the program. I believe that the applicant will demonstrate dedication, enthusiasm, and service to school and community.

Name: _____ Position/Title: _____

Signature: _____ E Mail Address: _____



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Signature: _____ E Mail Address: _____

COMMITMENT/CONSENT

APPLICANT:

I hereby certify that all information contained in this document is true and accurate to the best of my knowledge. I hereby give consent to Youth Civic Leadership Experience to access and release all the above information, including my photograph, as necessary to conduct Youth Civic Leadership Experience business and promotions. I understand and agree that if I am selected to participate in this program, I will be required to attend every session in its entirety and to participate fully in all activities.

Printed Name _____ Date _____

Applicant Signature _____

PARENT/LEGAL GUARDIAN:

I hereby grant permission for _____ to apply for Youth Civic Leadership Experience; and if selected, to participate in the program. I hereby give consent for the student's photograph to be taken during the program and used, as necessary, for Youth Civic Leadership Experience business and promotions. I understand and agree that if my child is selected to participate in this program, he/she will be required to attend every session in its entirety. I understand that the student must arrange his/her own transportation to and from the Port Orange South Daytona Chamber of Commerce Riverside Pavilion daily (point to point transportation during the day will be provided on a Volusia Flagler YMCA bus). I understand there is a \$50 fee associated with this program, payable upon selection, unless student is granted a need-based scholarship.

Printed Name _____ Date _____

Parent/legal Guardian Signature _____