

Referred By: _____



2015-2016 YOUTH LEADERSHIP ARLINGTON APPLICATION

Name: _____ (Last) _____ (First) _____ (Middle)

Home Address: _____ (Street) _____ (City) _____ (Zip)

Telephone: _____ E-mail Address: _____

School: _____ T-Shirt Size: _____

Food Restrictions: _____

Relatives who have participated in Leadership Arlington: _____

COMMITMENT

The Youth Leadership Arlington Program consists of a nine-month series of eight sessions. Participants are expected to attend each session. **Absence from more than one session will be due cause for dismissal from the program.** You must attend at least 80% of a session or you will be counted absent. Promptness and completion of all sessions is expected. If you are unable to make such commitment, it is not in your best interest to apply. **Attendance at the Retreat is mandatory.**

COURSE SCHEDULE

July 27 Orientation 6:00 p.m. – 7:30 p.m.

August 21-22 Overnight Retreat/Ropes Course Friday evening and Saturday

September 14 Health and Human Services 4:30 p.m. - 8:30 p.m.

October 5 Government 4:30 p.m. - 8:30 p.m.

November 9 Leadership Skills Training 4:30 p.m. - 8:30 p.m.

January 4 Education 4:30 p.m. - 8:30 p.m.

February 15 Economic Development Field Trip 9:00 a.m. - 3:00 p.m.

March 7 Arts and Culture 4:30 p.m. - 8:30 p.m.

April 4 Graduation 7:00 p.m. - 9:00 p.m.

You may also be invited to participate in a community project sponsored or approved by **Leadership Arlington** during the YLA year. Students who fully and satisfactorily complete this program will receive appropriate recognition at the conclusion of the program. Please complete and return this **Application postmarked no later than May 15, 2015** to Youth Leadership Arlington, 4002 W. Pioneer Parkway, Arlington, Texas 76013. Information on this application is confidential and reviewed only by the Selection Committee. **Incomplete applications will not be considered. ATTACH YOUR HIGH SCHOOL TRANSCRIPT**, available from your counselor, to this application. Your transcript will only be used to verify that you are a sophomore and are passing all your classes and will be viewed only by the Director of YLA.

LAST NAME: _____

DISCLOSURE AND RELEASE OF LIABILITY

Disclosure

Youth Leadership Arlington's (YLA) program includes a variety of different components including a "Ropes" course, a bus tour of Arlington businesses, monthly programs at various locations in Arlington at which individual and group activities will occur. A risk exists and must be assumed by each participant that he or she may suffer an emotional or physical injury. To assist Youth Leadership Arlington in providing a safe experience you must provide us with any information regarding physical or emotional limitations or disabilities.

Release of Liability

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE COMMITMENT AND DISCLOSURE. I UNDERSTAND THE YLA'S PROGRAM MAY BE PHYSICALLY OR EMOTIONALLY DEMANDING. I AFFIRM THAT I HAVE NO PHYSICAL OR EMOTIONAL LIMITATIONS THAT MIGHT PUT ME OR OTHERS AT RISK DURING MY PARTICIPATION IN ANY OF THE ACTIVITIES EXCEPT THE FOLLOWING: _____.

(ALL SUCH PHYSICAL OR EMOTIONAL LIMITATIONS MUST BE LISTED). I RECOGNIZE THE INHERENT RISKS OF INJURY OR DISABILITY INHERENT IN MY PARTICIPATION IN YLA'S PROGRAM, AND I HEREBY ASSUME THE RISK OF INJURY THAT COULD RESULT FROM ANY OF THESE ACTIVITIES. I RELEASE YLA, ITS VOLUNTEERS, STAFF MEMBERS, OFFICERS, DIRECTORS, AND AGENTS FROM ALL LIABILITY FOR ANY INJURY TO ME FROM MY PARTICIPATION IN THE YLA PROGRAM AND INDEMNIFY YLA FOR ANY INJURY CAUSED BY AN ACT OR OMISSION RELATED TO, OCCURRING AT, OR ARISING FROM THE AFOREMENTIONED PROGRAMS.

Signature of Applicant: _____ **Date:** _____

Printed Name: _____

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE COMMITMENT AND DISCLOSURE AND GRANT PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN THE YLA PROGRAM. I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE PROGRAMS AND ALL ACTIVITIES ASSOCIATED WITH THEM. THIS PARTICIPATION MAY INCLUDE, BUT NOT LIMITED TO, THE "ROPES" COURSE, AND TRIPS EITHER IN A BUS OR ON FOOT. IN THE EVENT MY CHILD ADVISES YLA OF BEING INJURED OR ILL WHILE ATTENDING ANY OF THE AFOREMENTIONED PROGRAMS, I UNDERSTAND THAT YLA WILL IMMEDIATELY SEEK MEDICAL ATTENTION FOR MY CHILD AND CONTACT ME AS SOON AS POSSIBLE. I FURTHER AGREE TO HOLD YLA, ITS VOLUNTEERS, STAFF MEMBERS, OFFICERS, DIRECTORS, AND AGENTS FROM ALL LIABILITY FOR ANY INJURY TO MY CHILD FROM PARTICIPATION IN THE YLA PROGRAM AND INDEMNIFY YLA FOR ANY INJURY CAUSED BY AN ACT OR OMISSION RELATED TO, OCCURRING AT, OR ARISING FROM THE AFOREMENTIONED PROGRAMS. I HEREBY GIVE PERMISSION FOR IMAGES OF MY CHILD, CAPTURED DURING REGULAR AND SPECIAL YLA ACTIVITIES THROUGH VIDEO, PHOTO AND DIGITAL CAMERA, TO BE USED FOR THE PURPOSES OF PROMOTIONAL MATERIAL AND PUBLICATIONS, AND WAIVE ANY RIGHTS OF COMPENSATION OR OWNERSHIP THERETO. YLA IS NOT A LICENSED CHILDCARE PROGRAM. AS SUCH, YOUR CHILD'S PARTICIPATION IS VOLUNTARY. WE WILL NOT REQUIRE YOUR CHILD TO STAY, NOR WILL WE PROHIBIT THEM FROM LEAVING.

Signature of Parent or Guardian: _____ **Date:** _____

Printed Name: _____ **Home Phone:** _____

Address: _____

Incomplete applications will not be considered.

You must attach your high school transcript.

LAST NAME: _____

INSTRUCTIONS: PLEASE TYPE OR PRINT.
Use the reverse side of the page for additional space to answer.
Do not use abbreviations. Spell out everything.

Age: _____ Race: _____ Sex: _____

High School: _____

ORGANIZATIONS AND ACTIVITIES

Please list, in order of importance to you, up to five extracurricular, religious, social, athletic, volunteer, and/or other organizations of which you are or have been a member. List the most important one first.

	Organization	Approximate Dates of Membership	Official Positions Held
1			
2			
3			
4			
5			

What would you like to accomplish or have accomplished in these activities that you think would be important?

LAST NAME: _____

APPLICANT'S PERSONAL VIEWPOINT

The purpose of the Youth Leadership Arlington program is to prepare and encourage students from diverse backgrounds to serve as leaders among their peers, while building their skills, commitment and desire to serve our community now and in the future.

1. How do you expect to benefit from participation in Youth Leadership Arlington?

2. What do you consider your highest responsibility, skill, or accomplishment so far?

3. Describe two of the most significant challenges facing the Arlington area?

4. Describe your proposals to solve one of those challenges.
