



Application

Name Preferred Name
 Male Female

Home Address Telephone

City State Zip

High School Expected Date of Graduation

Youth Leadership

Danville/Boyle County
Chamber of Commerce

105 E Walnut Street
Danville, Kentucky 40422
859.236.2361 Ext. 120

Community Leadership

List up to three activities or organizations that are important to you. Comment briefly on how participation in the activity or organization has contributed to growth in your leadership skills. *(Please do not exceed the space provided.)*

Activity or Name of Organization

Comments

Activity or Name of Organization

Comments

Activity or Name of Organization

Comments

Leadership Achievements

List up to three recognitions, special honors, or awards that you have received or offices you have held.

1. _____

2. _____

3. _____

Essay

On a separate sheet, in 100 words or less, respond to the following question:

(Please type or neatly print your name on the essay.)

If you could change anything in your community, what would it be and how could it be done?



**Medical
Authorization**

I, _____, certify that my son/daughter,
_____, is in normal health and is capable of
attending all aspects of the Youth Leadership program. I assume all risks and hazards related
to this program, and related to transportation to and from this program. I, nor any
representative of me or my family, shall hold the Youth Leadership Committee or any of its
members acting for that committee responsible for any accident or injury incurred while
participating in this program.

I hereby authorize medical treatment for my son/daughter to be obtained in an emergency
situation where parents or guardians cannot be reached.

Parent Signature

Date

Medical Insurance Company

Policy Number

Person to notify in case of emergency

Phone Number

Please list any existing allergies, medical problems, etc.

Notary

Commonwealth of Kentucky
County of Boyle

On the _____ day of _____, _____, before me

personally came _____ to me known and
known to me to be the individual described, and who executed the foregoing
instrument and he/she duly acknowledged that he/she executed the same.

Notary State at Large

My commission expires:

Youth Leadership

**Danville/Boyle County
Chamber of Commerce**

105 E Walnut Street
Danville, Kentucky 40422
859.236.2361 Ext. 120

**Your
Expectations**

Tell us what you hope to gain from your Youth Leadership experience.

**Attendance
Requirement**

100% attendance is expected of each participant and school attendance credit will be granted for each school-day session attended.

If selected, do you make the commitment to attend each leadership session Throughout the year?

- Yes No

Applicant's Signature

Date

**Permission to
Attend**

The signature below verifies that the applicant has permission from his or her parent or guardian to attend all sessions of Youth Leadership.

Parent or Guardian's Signature

Date

If my child, _____, is chosen to participate in the Youth Leadership Program, I give permission for him/her to be photographed and/or videotaped for the local newspaper and/or the Chamber of Commerce publications.

Parent or Guardian's Signature

Date

The signature below verifies that the applicant has the permission of an official from his or her school to attend all sessions of Youth Leadership (six total).

Principal/Headmaster or School Counselor's Signature

Date

Confidentiality All applications will be reviewed in confidence. Applicants will be notified in writing of the Selection Committee's decision after June 15.

Reference Please identify one individual who knows you well, such as a teacher, neighbor, or coach. Ask that person to use the reference sheet to comment briefly on your potential for leadership, based on your characteristics and/or skills.
(The reference sheet should be mailed directly by the referring individual to the Youth Leadership Selection Committee.)

Medical Authorization Complete the enclosed Medical Authorization form, including our parent or guardian's notarized signature, and submit with your application.

Deadline Applications, including one reference and the notarized medical authorization, must be received by :

June 4, 2018

Return your application to:

Youth Leadership
Chamber of Commerce
105 East Walnut Street
Danville, Kentucky 40422

Or, you may turn your application in to your guidance counselor by the said date.