

The Chamber of Commerce serving Johnson City • Jonesborough • Washington County

YOUTH LEADERSHIP 2020

APPLICATION

DEADLINE FOR APPLYING TO YOUTH LEADERSHIP IS Friday, August 18SIMPLY FILL OUT AND RETURN BY THE ABOVE DATE.

MISSION

Equip, empower, and inspire high school students to become more engaged and impactful leaders in their school and the community.

YOUTH LEADERSHIP 2020

PERSONAL INFORMATION Please Type or Print Legibly

Last First Middle Preferred Name/Nickname Address: Street City State Zip Code Home Phone: E-Mail Address: Birth Date: Year in School: Parent/Guardian Name: Home Phone: Work Phone: **Please list your name as you want it to appear on graduation certificate: GENERAL INFORMATION Why do you want to be a part of Youth Leadership 2020? What do you hope to gain from this experience? What are three concerns to the youth of your school or community? Briefly describe your areas of interest in school or in the Community.	Name:					
Street City State Zip Code Home Phone: E-Mail Address: Birth Date: Year in School: School: Parent/Guardian Name: Home Phone: Work Phone:* **Please list your name as you want it to appear on graduation certificate: GENERAL INFORMATION Why do you want to be a part of Youth Leadership 2020? What do you hope to gain from this experience? What are three concerns to the youth of your school or community?	Last	First	Middle	Preferre	d Name/Nickname	
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Birth Date:			·		•	
School:						
Parent/Guardian Name:	Birth Date:		Year in School:			
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ORGANIZATIONS AND ACTIVITIES

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YOUTH LEADERSHIP 2020

Expectations

- You are required to attend and participate in **all sessions** of the program.
- You will be required to complete a community service project as part of the Youth Leadership 2020 program.
- You must maintain a minimum of a "C" average in all classes to continue your participation in the program.
- You and your family are responsible for transportation to and from Youth Leadership 2020 activities.
- You are responsible for appropriate demeanor during Youth Leadership 2020 activities. Inappropriate demeanor will result in your dismissal from the program.

I pledge that I have carefully considered my schedule and other activities and have made the necessary
adjustments to allow me to attend all of the Youth Leadership 2020 sessions during the school year. As a class
member, I will be responsible for my transportation to and from activities. I understand that failure to attend
will result in my dismissal from the program.

Date

Date

MISSION

Students Signature

Parents Signature

Equip, empower, and inspire high school students to become more engaged and impactful leaders in their school and the community.



REFERENCE FORM

To be completed by an adult, non-related acquaintance.

(Please type or print legibly)

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Youth Leadership 2020 is a leadership program for high school sophomores, juniors and seniors. The program is designed to encourage young people to become leaders in their community. Youth Leadership 2020 is a collaboration between the Chamber of Commerce and area businesses.

Based on your knowledge, please rate this student for each criterion: 5 being the highest and 1 being the lowest.

	5	4	3	2	1
Student Initiative					
Demonstrated Willingness to Work					
Sense of Responsibility					

Do you recommend this student for Youth Leadership 202	0?YesNo	
Comments:		
Signature	-	
Date		