



Youth Leadership St. Johns

a program of the St. Johns County Chamber of Commerce

YOUTH LEADERSHIP ST. JOHNS

Class of 2012-13 Application

Required: Application Parts:

- 1. Three (3) Duplicate Applications**
- 2. Be sure to have signature from the:**
 - Student**
 - Parent**
 - School Official**

YOUTH LEADERSHIP ST. JOHNS MISSION

To develop a corps of informed, committed and qualified young people capable of providing dynamic leadership in their schools, careers and communities as they mature into adulthood.

ALL APPLICATIONS ARE DUE TO THE CHAMBER OF COMMERCE BY FEBRUARY 24, 2012



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INFORMATION FOR HIGH SCHOOL SOPHOMORE APPLICANTS

Review the following information before completing your application form.

COMMITMENT

- Students in the Youth Leadership St. Johns program must commit to a high standard of attendance and participation in the retreat and program sessions. Note the dates on the program calendar. Being absent for more than 8 unexcused hours will result in dismissal from the program.
- **Please be sure that you DO NOT have any conflicts with the program calendar** before applying. The St. Johns County School System gives Youth Leadership St. Johns students excused absences for all activities.
- **If you plan to dual enroll with the St. Johns River Community College, please do not apply to this program** as the college will not give excused absences for program days.
- Students must provide proof of at least 20 hours of community service between May 10, 2012 & March 16, 2013.

ELIGIBILITY

- St. Johns County resident.
- Apply in the high school sophomore year for participation the junior year. (We will consider one student who is home schooled or attending private school outside of St. Johns County)
- Have a minimum of a 2.0 unweighted cumulative grade point average at the time of application, which must be maintained during the program. (Students will receive excused absences for missed school days).
- Demonstrate a high standard of character and behavior and interest &/or leadership skills in extracurricular activities.
- Have an interest in learning about community issues and ways to lend leadership to them.
- Must be capable of extensive independent walking and physical activity.

APPLICANT CHECK LIST

- Submit 3 copies of your application before February 24. **Applications are available online at www.sjcchamber.com/yjsj. (If 3 copies are not received your application will not be considered)**
- Fill out the application form completely. All signatures are required.
- Mail or drop off **three copies** of your completed application so that it is received by February 24, 2012 to Youth Leadership St. Johns, St. Johns County Chamber of Commerce, 1 Riberia Street, St. Augustine, Florida 32084.
- **ALL APPLICATIONS ARE DUE TO THE CHAMBER OF COMMERCE BY FEBRUARY 24, 2012.**

SELECTION PROCESS

- All applications will remain confidential. The YLSJ Selection Team will review the applications and select the finalists.
- Finalists will be interviewed during March 14 – 28, 2012.
- 22 participants will be selected (3 from each public school, 2 from St. Joseph Academy, 1 from St. Johns Technical High School, 1 from FSDB, and 1 other student who is homeschooled or attending private school outside the county).
- All applicants will be notified in writing of the Selection Team's decision by Friday, April 22, 2011.

TUITION AND SCHOLARSHIPS

The cost per participant is \$100.00 (payable to the St. Johns County Chamber of Commerce by May 17, 2012). This fee is non refundable. **If payment is not received by this date, an alternate will be selected in your place.** Scholarship information is available upon request. No one is denied participation due to an inability to pay. For more information please contact Beau Phillips at (904) 829-5681 or beau.phillips@sjcchamber.com.

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ST. JOHNS
C O U N T Y
C H A M B E R
O F C O M M E R C E

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PROGRAM CALENDAR FOR 2012 - 2013 updated 12/12/11

Please be sure you do not have any conflicts with the program calendar before applying.

Thursday, May 17, 2012, 7:00 – 8:30 pm

Opening Reception/Orientation

For all participants, alternates and their guardians

Saturday, September 8, 2012, 9:00 am – Sunday, September 9, 2012, 3:00 pm

Opening Retreat at Camp Montgomery, Keystone Heights, FL

Get acquainted and learn “what makes a leader.” Includes team building & personality profile assessments.

Wednesday, October 17, 2012, 7:30 am – 3:30 pm (only program day starting at 7:30 am)

Business & Development Day

Tour area businesses and industries and learn what it takes to be an entrepreneur.

Thursday, November 8, 2012, 8:00 am – 3:30 pm

Social Services Day

Familiarize yourself with the social service agenda in our county.

Thursday, December 13, 2012, 8:00 am – 3:30 pm

Arts, Recreation, and Leisure Day

Visit cultural and recreational aspects of St. Augustine.

Thursday, January 22, 2013 8:00 am – 3:30 pm (non-school day)

Government & Law Day

Learn about state and local government, the justice system and juvenile crime.

Wednesday, February 20, 2013, 8:00 am – 3:30 pm

Education & Healthcare Day

Learn about healthcare, post secondary education and other options in our county.

Saturday, March 16, 2013, 8:00 am – 3:30 pm

Environmental Awareness Day

Learn about your local environment.

Sunday, April 14, 2013, 3:30 – 5:00 pm

Graduation

Graduation celebration with class members and their guardians.

Excused absences will be granted for each school day session attended.

- Students are responsible for their own transportation to and from the assembly point. Transportation during each session will be provided. The pick-up location is always the same as the drop-off location.
- On program days held from 8:00 am to 3:30 pm, planners will be there by 7:30 am if you are being dropped off early.
- Always wear your YLSJ shirts, nametags, comfortable walking shoes and nice slacks, capris or skirts. (No shorts or flip flops please.) Air conditioned buildings can get cold, so consider bringing a sweater. Be prepared for rain.
- If you get lost, you can call Kathy Mignerey (904-814-6158) or Beau Phillips (904-306-6361) for directions.

High School

Date



Youth Leadership St. Johns

APPLICATION FORM

All applicants and school officials will be notified in writing of the selection committee's decision. Please return application to: Youth Leadership St. Johns, St. Johns County Chamber of Commerce, One Riberia Street, St. Augustine, FL, 32084

It is preferred that you download this form, save to your computer, type in the blanks, and print to sign on signature lines. However if this is for some reason not possible, PLEASE PRINT WITH BLACK INK.

Personal Information

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

Name you prefer to be called_____ E-mail_____

Parent's E-mail_____ Home Address_____

City_____ Zip Code_____ US Citizen Y/N_____

Home Phone (_____)_____ Cell Phone (_____)_____

Date of Birth_____ Sex M/F_____ Year in School_____

Must be high school sophomore

Recognitions

List awards, honors or recognitions for school or community-related activities you have received over the last two years (use space below only).

Organizations and Activities

Please list (in order of importance to you) up to five school, volunteer, religious, social, athletic or other activities or organizations in which you have participated during the last two years. Include any leadership roles in those organizations.

1. _____
2. _____
3. _____
4. _____
5. _____

Work Experiences

List any job experiences, paid or volunteer, and briefly tell what they involved.

Do you currently have a part-time job?_____

If selected, can you work around the Youth Leadership schedule (see schedule attached)?_____

Student Attendance Commitment

Full attendance by each participant is essential in the Youth Leadership St. Johns Program to meet its objectives. I have read the program calendar dates on the enclosed information sheet. If selected, I commit to attend the opening reception, the retreat, each of the program days, the community service hours and the graduation ceremony. I understand that by missing more than 8 hours of unexcused absence by the St. Johns County Chamber of Commerce will result in dismissal from the program.

Signature of Applicant _____ Date _____

Parental Permissions (Please initial each line and sign at the bottom)

I am the parent or guardian of the above named student.

_____ I understand the time commitment of YLSJ, and that my child will receive an excused absence for school days missed. My child will not miss more than 8 hours of YLSJ without approval from the St. Johns County Chamber of Commerce. If my child misses more than 8 hours it will result in the dismissal of him/her from the program.

_____ Youth Leadership St. Johns has my full permission and consent to transport my child by public service bus, private automobile, vans or other appropriate means of transportation in connection with all sessions of Youth Leadership St. Johns during the school year in which he or she is a participant in Youth Leadership St. Johns.

_____ I give the St. Johns County Chamber of Commerce the right to take my photo/video at all of the Youth Leadership (YLSJ) events, program days, etc. These images will be used to advertise YLSJ in promotional material in print, video, social media, online media, etc.

_____ I hereby release and hold harmless Youth Leadership St. Johns staff and volunteers, its members, agents, employees or volunteers, for any accident, injury, illness or any damage related to the above-mentioned student's attendance at, or participation in, any activity or session of Youth Leadership St. Johns.

Signature of Parent or Legal Guardian _____ Date _____

*Please complete and sign medical information form on reverse as well.

School Approval of Grades and Character

All applicants must have verification of their 2.0 unweighted cumulative grade point average and approval from a school official that the student has demonstrated a high standard of character and behavior. The school official must also acknowledge that the student will attend all program sessions of Youth Leadership St. Johns. Please have your school official (principal, dean or guidance counselor) sign below. The St. Johns County School District will allow excused absences from all activities for the program days that fall on school days.

I APPROVE OF THE PARTICIPATION OF _____ IN THE YOUTH LEADERSHIP ST. JOHNS PROGRAM BASED ON THE ABOVE CRITERIA. SCHOOL ATTENDANCE CREDIT WILL BE GRANTED FOR EACH SCHOOL DAY SESSION ATTENDED.

Signature of School Official _____ Title _____

School Name _____ Date _____

Applications will be reviewed in confidence. The deadline for applying is February 25, 2011.

Medical Information

So far, we have never had a YLSJ student injured on a program day to the point of needing medical attention. However, in case of an emergency, when we might not be able to reach you immediately, we would like the information below to be able to provide your child with the best and quickest medical aid possible.

Name of Student _____
School _____

Emergency Contact Information #1

Name _____
Relationship to Student _____
Cell Phone _____
Home Phone _____
Work Phone _____

Emergency Contact Information #2

Name _____
Relationship to Student _____
Cell Phone _____
Home Phone _____
Work Phone _____

Medical Insurance Company Name _____
Group Number _____
Member Number _____
Name of Member _____

Allergies to Medication _____
Allergies Otherwise _____

Medical conditions, physical limitations or diet restrictions (including vegetarian, vegan, or other preferences) of which we should be aware: _____

My signature indicates that the information above is true to the best of my knowledge. I give permission for Youth Leadership St. Johns staff and volunteers to obtain emergency medical treatment for my child, if needed, knowing they will do everything in their control to reach me immediately before any medical treatment takes place. Should they not be able to reach me and should delay in treatment be detrimental to my child's health, my signature gives permission for them to move forward with medical treatment to keep my child in stable condition until a parent/legal guardian is contacted.

Signature of Parent/Legal Guardian _____ Date _____

Printed Name of Parent/Legal Guardian _____