

Youth Leadership Union County

Confidential Application

2012 – 2013

Please complete the front and the back of this application.

Personal Information:

Name: _____

Name Called: _____ Date of Birth: _____ Age: _____

Race: _____ Sex: M F Cell Phone: _____ T-Shirt Size: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Parents or Guardian Information:

Name(s): _____

Employer: _____

Phone: _____ Email: _____

School/Academic:

Grade: _____ Grade Point Average (GPA): _____

Future Career Interest: _____

Please list all teachers you have this year:

Non-School Activities:

Describe your participation in any activities including sports, clubs, church, work, hobbies, etc.:

School Activities (7th – 11th Grades)

	<u>Name of Club</u>	<u>Office Held</u>	<u>Awards</u>
Service:	_____	_____	_____
Social:	_____	_____	_____
Academic:	_____	_____	_____
Career:	_____	_____	_____

Indicate your activity, years involved, awards or recognition

Activity: () Sports () Band () Cheerleading () Music Program () Drama

Years involved: _____

Letters or Awards: _____

Please complete the following essay questions:

What activity or event has been most meaningful to you and why?

In your opinion, what are the most important issues facing Union County are why are they important to you?

What would you like to learn about Union County?

Explain why you would like to be involved in Youth Leadership Union County?

Where do you see Union County in 10 years as it relates to growth, development and quality of life?

Youth Leadership Union County

Parent or Guardian Agreement

I, _____, the parent or guardian of
(Name of Parent or Guardian-PRINT)

_____, hereby give permission for this applicant to
(Name of Applicant)

participate in Youth Leadership Union County if selected by the school selection committee. I hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child may appear by Youth Leadership Union County (YLUC). I understand that these materials are being used for promotion of YLUC, which includes recruitment and fund-raising efforts.

I release YLUC from any liability connected with the use of my child's picture or voice recording as part of any promotional, recruitment, or fund-raising program.

(Signature of Parent or Guardian)

(Date)

Applicant Agreement

I would like to participate in Youth Leadership Union County, and if selected, I agree to attend all meetings unless emergency situations or school requirements prevent me from attending.

I understand that my academic responsibilities will remain unchanged and I must make up any work missed.

I hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear by Youth Leadership Union County (YLUC). I understand that these materials are being used for promotion of YLUC, which includes recruitment and fund-raising efforts.

I release YLUC from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment, or fund-raising program.

(Name of Applicant-PRINT)

(Date)

(Signature of Applicant)

(Date)

*YLUC does not discriminate on the basis of age, sex, race, religion, or national origin.

**YLUC is sponsored by the Union County Chamber of Commerce and USC-Union.

Application Deadline: September 14, 2012

PARENTAL CONSENT FORM

Name _____ Age _____ Birth Date _____
Street Address _____ City _____
State _____ Zip Code _____ Phone (____) _____
School _____ Grade Level _____
Parent(s) Daytime Contact Number: (____) _____ (____) _____

To whom it may concern:

The undersigned does hereby give permission for our/my child, (print name of child)

_____, to attend and participate in activities

sponsored by Youth Leadership Union County on any trips and/or activities.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Youth Leadership Union County.

The undersigned shall not hold Youth Leadership Union County, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor student named above.

Hospital Insurance Yes No

Insurance Company _____

Policy Number _____

Participant (Name on card) _____ Date _____

Signatures:

Father _____ Date _____

Mother _____ Date _____

Legal Guardian _____ Date _____

On the reverse side of this page, please list any allergies or special medical problems your child may have.

****This form must be completed and signed****