YOUTH LEADERSHIP
PULASKI COUNTY
APPLICATION

Please Type or Print

PERSONAL INFORMATION

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

Name you prefer to be called_____ Home Phone _____

Social Security Number _____

Age _____ Sex _____ Race_____Shirt Size_____School_____

Home Address_____

City _____ State _____ Zip Code _____

Parents/Guardians' Names_____

SCHOOL EXPERIENCE

Other Schools Attended_____
_____
_____
_____

List up to five awards, honors, or recognitions that you have received from the 7th through 12th grades for academic, school, or community related activities._____
_____
_____
_____

List several hobbies you like to do in your spare time_____
_____
_____
_____

ORGANIZATIONS AND ACTIVITIES

Please list, in order of importance to you, up to five school, volunteer, religious, social, athletic, or other organizations or activities in which you have participated during the last four years.

Organization/Activity	Grade	Your Leadership Responsibility or Involvement
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

WORK EXPERIENCE

List any part-time job experience you have had, paid or volunteer, and briefly tell what it involved.

_____
_____
_____
_____

Do you currently have a job? _____ How many hours per week? _____

Would your job interfere with your participation in Youth Leadership? _____

GENERAL INFORMATION

1. What goals (personal, educational, and/or career goals) have you set for your future?

2. How do you plan to attain these goals?

3. Tell us about a leadership role you have had in your school, community, church, work, or family life and tell some of the responsibilities you had in that role.

4. As a leader in the community, what changes would you make and why?

5. Why do you want to be involved in Youth Leadership Pulaski County?

PRINCIPAL'S AGREEMENT

Applicant's grade point average is _____ on a 4.0 scale. I support this student's application to Youth Leadership Pulaski and understand the attendance requirements of the program.

_____

Signature of Principal Date

APPLICANT'S COMMITMENT

I understand the purposes of the Youth Leadership Pulaski Program. If I am selected, I will devote my time and resources to complete the program. Even though emergencies do arise, if I miss more than one session or group meeting, I understand that I may be asked to withdraw from the program. I understand that I will be required to volunteer at least 2 hours per month for a total of at least 10 hours. In signing this application, I understand and accept these commitments and agree to honor them.

Signature of Applicant _____Date_____

Signature of Parents/Guardians_____

TEACHER RECOMMENDATIONS

Please provide recommendations from two teachers. The written recommendations must be given by two of the applicant's former teachers. They must be dated and signed.

Deadline for applying is September 2, 2005.
A short interview will be conducted to aid in the selection process.
All students selected for participating will be notified
by telephone of the selection committee's decision.

ALL APPLICATIONS WILL BE REVIEWED IN CONFIDENCE

Please return applications to school office, guidance counselor, Youth Director, or Hawkinsville-Pulaski Co. Chamber of Commerce.