

YOUTH LEADERSHIP AMES

2012-2013 Application

A joint program facilitated and funded by:



Ames Chamber of Commerce & Young Professionals of Ames

1601 Golden Aspen Drive, Suite 110

Ames IA 50010

515.232.2310

www.ameschamber.com

Youth Leadership Ames (YLA)

A Program of the Ames Chamber of Commerce

Sponsored in part by the Young Professionals of Ames (YPA)

Please submit application to:

Youth Leadership Ames
 Ames Chamber of Commerce
 1601 Golden Aspen Drive
 Suite 110
 Ames, IA 50010
 OR FAX to 232-6716

This application becomes complete and valid when the following materials have been received:

1. Application
2. Parent and Principal Permission Form completed
3. Two (2) Personal Reference Forms completed

Please type or print application (no pencil, please). Complete all information using this form only. Do not use additional pages.

Postmark deadline for all materials is **May 4, 2012**. If you have any questions, please call Crystal Davis at the Ames Chamber of Commerce at 232-2310, or e-mail at crystal@ameschamber.com.

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Name you prefer to be called: _____

Birthday ____/____/____

Home Phone: (____) _____

Email: _____

Home Address: _____

Parent or Guardian's Name: _____

Parent or Guardian's Address (if different) _____

Parent or Guardian's Home Phone (if different) _____

Parent or Guardian's Email: _____ Work Phone: _____

EMERGENCY CONTACTS

1. Name: _____ Relationship _____

Phone: _____

2. Name: _____ Relationship _____

Phone: _____

3. Name: _____ Relationship _____

Phone: _____

SCHOOL EXPERIENCE

High School: _____

Other schools attended: _____

List no more than five (5) school related activities in order of importance in which you have participated during the last two years:

NAME OF SCHOOL CLUB/ORGANIZATION	WHEN INVOLVED	WHAT WAS YOUR ROLE?
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What school activities would you like to be in?

List no more than five (5) non-school related or non-employment related activities in order of importance in which you have participated during the last two years. (ex: community/civic/religious/scouting/volunteer/athletic, etc.)

NAME OF CLUB/ORGANIZATION	WHEN INVOLVED	WHAT WAS YOUR ROLE?
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List any special recognition or honors for academic, school, religious, or community related activities you have received over the last two years.

WORK EXPERIENCE

List any job experience, paid or volunteer, and briefly describe the responsibilities involved.

APPLICANT SIGNATURE PAGE

If selected, you must be in good standing in the community and commit to attending all the Youth Leadership Ames (YLA) sessions and graduation. Full attendance by each participant is mandatory if YLA is to meet its objectives. Youth Leadership Ames will work with the Ames, Ballard and Gilbert Community Schools to encourage school attendance credit.

I understand and accept the attendance requirements for Youth Leadership Ames (YLA).

Student signature

Date

Please give the enclosed reference forms to two (2) adults who know you well, excluding parent/guardian (ex: teacher, employer, faith leader, etc.) Remind each person that the reference form is due to the Youth Leadership Ames, Ames Chamber of Commerce office postmarked by May 4, 2012.

Please complete the following which indicates to whom you gave the reference forms.

Your name _____

1. _____
Name of reference Position/Title
School/Business/Organization Address Phone

2. _____
Name of reference Position/Title
School/Business/Organization Address Phone

Youth Leadership Ames (YLA)

PARENT AND PRINCIPAL PERMISSION FORM

PARENT APPROVAL

Applicant will not be considered unless this and all other forms are submitted by the deadline.

I am the parent/legal guardian of _____ (student name).
I have read the information on the Youth Leadership Ames (YLA), a program of the Ames Chamber of Commerce, and am willing to have my child participate. **I understand that attendance at all sessions, including graduation, is mandatory.** Youth Leadership Ames (YLA), a program of the Ames Chamber of Commerce, its agents and its employees have my full permission and consent to transport and otherwise provide transportation for my child by public service bus, private automobile, van or other appropriate means of transportation in connection with all sessions of Youth Leadership Ames (YLA) during the school year in which he/she is a participant.

I hereby release and hold harmless Youth Leadership Ames (YLA), a program of the Ames Chamber of Commerce, its members, agents, or any individuals in the planning, organization or presentation of Youth Leadership Ames (YLA) programming, for any accident, injury, illness or any damage whatsoever related to the above mentioned student's attendance at or participation in any activity or session of Youth Leadership Ames (YLA). I release my child's photographs for promotion and marketing for current and future YLA materials.

Parent(s)/legal guardian name (please print)

Signature of parent(s)/legal guardian

Date

Home phone

Work phone

Address

City

Zip

SCHOOL APPROVAL

All applicants **MUST** have the approval of their school principal to attend the eight (8) mandatory sessions + graduation of the Youth Leadership Ames (YLA). Please have your principal sign below:

I approve of the participation of _____ (student name)
in the Youth Leadership Ames (YLA) program for 2012-2013. The student meets the criteria of being academically sound and in good standing.

Principal name (please print)

School

Phone

Email

Signature of Principal

Date

DUE: May 4, 2012, to Youth Leadership Ames, Ames Chamber of Commerce, 1601 Golden Aspen Drive, Suite 110, Ames, IA 50010
For more information regarding the Youth Leadership Ames (YLA) program, please call the Ames Chamber of Commerce office at (515) 232-2310
OR FAX to 232-6716.

REFERENCE FORM

Applicant will not be considered unless this and all other forms are submitted by the deadline.

Student Name

To the Reference: The person listed above is an applicant for the Youth Leadership Ames (YLA), a program of the Ames Chamber of Commerce. It is in an interactive, hands-on experience aimed at youth who are beginning to show leadership potential and an interest in the community. The Selection Committee attaches considerable weight to the statements made by the reference of the applicant. Thank you for your time in preparing this information for the Selection Committee.

Please type or print. Use this form only and this side only. Please do not use additional paper. Applications will be reviewed in confidence.

Name of adult reference

Position/Title

School/Business/Religious group/Organization

Address

City, State

Zip

Email

1. Length of time you have known the applicant? How do you know the applicant?
2. Tell us something you find unique about the applicant.
3. Please comment generally on the applicant's interest in community affairs.
4. We are looking for a well rounded class with applicants from each leadership category below. Which best describes the personality of the applicant?

- already an established leader
- becoming a leader (have showed some experience leading)
- could be a leader (shows interest but needs skill and opportunity)

5. What else would you like to say about the applicant?

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