

2019-2020 Youth Leadership St. Lucie Application

Presented by the Roundtable of St. Lucie County, Inc.

Dear Youth Leadership Applicant,

We are excited that you are interested in joining Youth Leadership St. Lucie for the 2019-2020 school year! To participate in Youth Leadership, you must submit the application packet in its entirety, to include all signatures, dates, and attachments by **August 30th, 2019**.

The application packet consists of the following:

- Student & Parent/Guardian Information Form
- "Introduction" Assignment
- Youth Leadership Participant Acknowledgement & Agreement
- Medical & Liability Waiver, Emergency Medical Consent & Treatment Authorization, Parental Permission Form
- Media Release Form, Roundtable of St. Lucie County
- Application Completion Acknowledgement
- Requirement of Proof of 2.5 GPA or above (*Not included...please attach.)

If you have any questions, please feel free to contact your Youth Leadership Advisors:

Mr. Kevin Singletary, ksingletary@roundtableslc.org, (772) 979-1575

or

Mrs. Kim Reid, kreid@roundtableslc.org, (772) 240-2606

We thank you in advance for your submission and look forward to working with you in the upcoming school year!

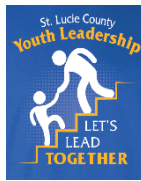
St. Lucie County believes that ALL children are capable of success...NO EXCEPTIONS!!!

Let your voice be heard...be the change you'd like to see!

Sincerely,
Your Youth Leadership St. Lucie Advisors

Kevin Singletary

Kim Reid



Student Information:

Name (First, Middle Initial, Last): _____

Address: _____

E-Mail Address: _____ Phone: (____) _____

School: _____ Grade: _____

Birthdate: _____ Race: _____ Gender: _____

Food allergies: No Yes: _____

Dietary restrictions: None Vegetarian (No meat) Vegan (No meat, eggs or dairy)

No pork No beef Other: _____

Parent/Guardian Information:

Name (First, Middle Initial, Last): _____

Relationship to Student: _____

Address: _____

E-Mail Address: _____ Phone: (____) _____

Parent/Guardian Information:

Name (First, Middle Initial, Last): _____

Relationship to Student: _____

Address: _____

E-Mail Address: _____ Phone: (____) _____



"Introduction" Assignment:

Please choose **one** of the options below to introduce yourself:

- A) "About Me" Board:** Please use a poster board, pictures and/or words to share "who you are" and where you're headed (i.e. your goals & aspirations). Please include **one** topic/community issue you are passionate about and would like to address in the upcoming year in Youth Leadership.

- B) Short Essay:** Describe a project you would like to be a part of this year in Youth Leadership that addresses an issue you currently see in the community. Please share which strengths/assets you possess that would contribute to the success of the project, **as well as** areas (attributes/skillsets) you feel you need to strengthen in order to make a positive contribution to the project.
(Please type or print. Use additional paper if necessary.)



Youth Leadership Participant Acknowledgment & Agreement:

To ensure that the Youth Leadership St. Lucie is a positive, enjoyable growth experience for ALL youth, it is necessary to establish expectations and enforce high standards of behavior. These expectations & standards have been developed by the Youth Advisors with the input of the 2017-2018 Youth Leadership St. Lucie members. Please read the following information outlining the pre-requisites, commitment and conduct expectations of Youth Leadership St. Lucie members and acknowledge your understanding of and agreement with said information with your signature in the provided space below.

Pre-requisites:

- As e-mail is the primary method of communication for Youth Leadership, I must check, read, and/or respond to my e-mails daily so as not to miss important and time-sensitive information or requests.
- I must have access to reliable transportation so that I can attend Youth Leadership meetings on a regular basis.
- I have and will maintain a minimum of a 2.5 GPA for the duration of Youth Leadership.

Commitment:

- I am committed to attending every Youth Leadership meeting & activity, yet in the event that I am unable to attend, I **must** notify one of my advisors as soon as possible.
- I am committed to actively participating in and executing all activities and assignments in accordance with designated timelines.
- I am committed to adhering to the following "R.A.R.E." principles at all times:
 - Being **RESPECTFUL**
 - Maintaining a good **ATTITUDE**
 - Being **RESPONSIBLE**
 - Completing tasks with a spirit of **EXCELLENCE**

Conduct:

- I will refrain from using profanity and any other offensive language during Youth Leadership meetings and events.
- I will dress in accordance with the standards of the established school dress code.
- I will not use tobacco (to include e-cigarettes), drugs or alcohol during Youth Leadership meetings & events, nor will I engage in any type of intimate or sexual activity.

I understand the pre-requisites, commitments and conduct expectations listed above and will honor them as a member of Youth Leadership St. Lucie 2019-2020.

Applicant Name (please print): _____

Applicant Signature: _____ **Date:** _____



TO BE COMPLETED BY PARENT/GUARDIAN:

Medical & Liability Waiver, Emergency Medical Consent & Treatment Authorization, and Parental Permission (Please Print):

Youth's Name: _____

Date of Birth: _____ **Gender:** _____ **Race/Ethnicity:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Insurance Company Name: _____

Policy Number: _____

Emergency Contact's Name: _____

Relationship to Youth: _____

In case of an emergency, please call the following phone numbers in the order I have indicated:

1st Contact #: _____ **2nd Contact #:** _____

3rd Contact #: _____ **4th Contact #:** _____

In the event of an injury/illness that requires medical treatment, your child's medical insurance will be the primary insurance indicated above.

I hereby give permission to the staff to secure proper treatment for my child in the event of illness/injury, if I cannot be reached. I give permission to the physician selected by the staff to hospitalize my child and to authorize the necessary treatment, including anesthesia and surgery.

I understand the requirements, expectations, and commitments outlined for the above-listed youth in order to participate in Youth Leadership 2018-2019, and hereby grant him/her permission to do so. I also understand that it is my responsibility to support the above-listed youth in attending all Youth Leadership meetings and events, which includes, but is not limited to providing/arranging transportation to and from all meetings and events.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____



Media Release Form, Roundtable of St. Lucie County:

I, _____, give the Roundtable of St. Lucie County, Inc. (Roundtable) my written consent to tape, record, alter, edit, reproduce, publish and broadcast, in any medium whether now or hereafter existing, any photographs or audiovisual recordings (collectively, "photographs") of me and/or the minor child listed below and to use the photographs and use/reuse and/or broadcast and republish all photographs, digital images, sound recordings, or video clips of me and/or the minor child.

I understand that any such photographs or their derivatives will become the property of the Roundtable, including other entities, agencies and/or other parties with consent for the educational, instructional or promotional purposes determined by the Roundtable.

I hereby release and hold harmless the Roundtable, its officers, employees and agents from and against any claims, damages, or liability arising out of or connected with the use of the photographs, the images therein (whether altered or unaltered), including, but not limited to any claim of defamation, misappropriation, right of publicity, false light, invasion of privacy or copyright infringement (the "Claims").

I have read and understand the forgoing release form before affixing my signature below, and warrant that I fully understand the content thereof.

Yes, I give permission for the Roundtable to use photographs of me. I declare that I am 18 years of age or older.

Yes, I give permission for the Roundtable to use photographs of the minor child listed below, who is under the age of 18 years.

No, I do not give permission for the Roundtable to use photographs of me. I declare that I am 18 years of age or older.

No, I do not give permission for the Roundtable to use photographs of the minor child listed below, who is under the age of 18 years.

Minor/Child Name (Please print): _____

Parent/Guardian/Adult Name (Please print): _____

Parent/Guardian/Adult Signature: _____

Date



Application Completion Acknowledgment:

Thank you for completing your Youth Leadership 2019-2020 Application!

Please use the checklist below to ensure you have fully completed and included all of the required documents and assignments for submission:

- Student & Parent/Guardian Information Form
- "Introduction" Assignment
- Youth Leadership Participant Acknowledgement & Agreement
- Medical & Liability Waiver, Emergency Medical Consent & Treatment Authorization, Parental Permission Form
- Media Release Form, Roundtable of St. Lucie County
- Application Completion Acknowledgement
- Proof of min. 2.5 GPA (most recent)

I have completed my application to the best of my ability in full disclosure. I understand that failure to complete my application or submit any required permission/waiver forms may result in disqualification for participation in Youth Leadership St. Lucie.

Applicant Name (please print): _____

Applicant Signature: _____ **Date:** _____