



A program of the Flagler County Chamber of Commerce

CLASS OF 2016-17 APPLICATION PACKET

Included in this Application Packet:

1. Program Information
2. Program Calendar
3. Application Form
4. Reference Form

Important: Be sure to have signed by:

- Student
- Parent/Guardian
- School Official

YOUTH LEADERSHIP FLAGLER MISSION

Developing the Flagler County youth of today to become successful community leaders of tomorrow.

INFORMATION FOR HIGH SCHOOL SOPHOMORES

ALL APPLICATIONS ARE DUE TO:

The Flagler County Chamber of Commerce

By April 12, 2016

Youth Leadership Flagler, Flagler County Chamber of Commerce

20 Airport Road, Suite C, Palm Coast, FL 32164

Phone (386) 437-0106 • Fax (386) 437-5700

www.flaglerchamber.org

PROGRAM OVERVIEW

Please review the following information before completing your application form.

COMMITMENT

- Students in the Youth Leadership Flagler program must commit to a high standard of attendance and participation in the retreat and program sessions. Please 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 Flagler County School System gives Youth Leadership Flagler students excused absences for all activities.
- **If you plan to dual enroll with the Daytona State 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 5 hours of community service between August 2015 & March 2016.

ELIGIBILITY

- Must be a Flagler County resident
- Apply in the high school sophomore year for participation the junior year. (We will consider two students who are home schooled or attending private schools outside of Flagler 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, behavior, interest &/or leadership skills in extracurricular activities.
- Have an interest in learning about community issues and ways to lend leadership.

APPLICANT CHECK LIST

- Submit your application before April 12, 2016. Applications are available online at www.flaglerchamber.org or by visiting the Flagler County Chamber of Commerce during regular business hours from 8:30am-5pm.
- Fill out the application form completely
- All signatures are required
- You may email, fax, mail or drop off your completed application to Youth Leadership Flagler c/o Flagler County Chamber of Commerce, 20 Airport Road, Suite C, Palm Coast, Florida 32164
- **ALL APPLICATIONS ARE DUE TO THE CHAMBER OF COMMERCE BY APRIL 12, 2016**

SELECTION PROCESS

- All applications will remain confidential
- The Youth Leadership Flagler Selection Team will review the applications and select the finalists.
- Finalists will be interviewed between May 2, 2016 - May 6, 2016
- Twelve participants will be selected (four from Flagler Palm Coast High School, four from Matanzas High School and 2 others if applicable from i3, home school or private school).
- All applicants will be notified in writing of the Selection Team's decision by May 20, 2016

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 12:30PM to 4:30PM, planners will be there by 12:00PM if you are being dropped off early
- Always wear your Youth Leadership Flagler shirts, 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 386-437-0106 for directions.

TUITION AND SCHOLARSHIPS

- If selected, the cost per participant is \$25.00 (payable to the Flagler Chamber Foundation by June 1, 2016). This fee is non refundable.
- Scholarship Information is available upon request. For more information, please contact the Flagler County Chamber at 386-437-0106.

PROGRAM CALENDAR FOR 2016-17

Schedule may be subject to change.

WEDNESDAY, August 24, 2016, 6:30 – 8:00 pm

Opening Reception/Orientation – Chamber of Commerce (Flagler Room)

September - 8:00 am – 2 pm (Lunch included)

Opening Retreat at Flagler County Chamber of Commerce

The first session would encourage class participation, cooperation and learning through group exercises, explanation and completion of the DISC assessment, and a guided discussion about what makes a good leader. Select chamber members would be asked to join the session to share examples from their own experiences as business leaders and owners.

History of the Industries in Flagler County

Participants would gain a better understanding of the industries that played key roles in Flagler County's evolution, from its early agricultural roots, through the real estate boom to today's efforts to drive future growth. The sessions will spend considerable time exploring three currently relevant industries: agriculture, real estate and healthcare. Specific attention will be paid to illustrating how current demographics impact these segments and what this means for the future of our community.

Technology in Government Day

Participants will see how local businesses and government entities use technology to improve operating efficiencies, while on a "behind the scenes" guided tour of the Government Services Building & Flagler County Courthouse. The students will have an opportunity to interact with local elected officials, including the mayors of Palm Coast, Bunnell and Flagler Beach.

Natural Resources Day

Participants will tour the water plant & local "green" facilities to gain an appreciation of local efforts to become one of the most environmentally friendly and green communities in Florida. Additionally, this session will explore how this eco-friendly movement will help drive future economic growth and development.

Arts and Culture & Tourism Day

Participants will get to enjoy a closer look at the Flagler Arts industry. The itinerary will continue to Hammock Beach Resort and Marineland Dolphin Adventure to see why thousands of visitors come back every year to enjoy Flagler County and what it has to offer.

Emergency Services Day

Participants will have an opportunity to learn about emergency services that help protect and serve the Flagler County community. Students will tour the fire station and visit the Emergency Operations Center.

YOUTH LEADERSHIP APPLICATION FORM – page 1

Must be a High School sophomore to apply.

All applicants and school officials will be notified in writing of the selection committee’s decision. Please return application to:
Youth Leadership Flagler, Flagler County Chamber of Commerce, 20 Airport Road, Suite C, Palm Coast, FL, 32164
Email: info@flaglerchamber.org or Fax: (386) 437-5700

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 BLUE OR BLACK INK.**

PERSONAL INFORMATION

Name (Last) _____ (First) _____

Name you prefer to be called _____

Your Email _____ Guardian’s Email _____

Home Address _____

City _____ Zip Code _____ US Citizen Y/N _____

How long have you lived in Flagler County? _____

Home Phone () _____ Cell Phone () _____

Date of Birth _____ Sex M/F _____ High School _____

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 in which you have participated during the last two years. Include any leadership roles in those.

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

YOUTH LEADERSHIP APPLICATION FORM – page 2

WORK EXPERIENCES

List any job experiences, paid or volunteer, and briefly tell what they entailed: _____

Do you currently have a part-time job? _____

GENERAL INFORMATION

1. What would you like to tell us about yourself? _____

2. Who is your hero or heroine? Why? _____

3. What qualities do you admire in others? _____

4. What do you enjoy doing in your leisure time? _____

5. What is your favorite subject in school and why? _____

6. Why do you want to participate in Youth Leadership Flagler? _____

7. Which session listed on the program calendar interests you most? Why? _____

8. How did you find out about Youth Leadership Flagler? _____

ESSAY TOPIC: "COMMUNITY NEEDS AND ISSUES THAT ARE IMPORTANT TO ME." As an example, if you could change anything in your community, what would it be and why?

Please respond to the question in 100 words or less. *(Please provide a separate document for the essay requirement.)*

STUDENT ATTENDANCE COMMITMENT

Full attendance by each participant is essential in the Youth Leadership Flagler 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 Flagler Chamber of Commerce will result in dismissal from the program.

Signature of Applicant _____ Date _____

YOUTH LEADERSHIP APPLICATION FORM – Page 3

PARENTAL PERMISSIONS (PLEASE INITIAL EACH LINE AND SIGN AT THE BOTTOM)

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

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

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

_____ I give the Flagler County Chamber of Commerce the right to take my child's photo/video at all of the YLF events and sessions. These images will be used to advertise YLF in promotional material in print, video, social media, online media, etc.

_____ I hereby release and hold harmless YLF staff and volunteers, its members, agents, or employees, 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 the program.

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 Flagler. Please have your school official (principal, dean or guidance counselor) sign below. The Flagler 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 FLAGLER 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 April 12, 2016.**

YOUTH LEADERSHIP APPLICATION FORM – page 4

MEDICAL INFORMATION

We do not anticipate ever having a Youth Leadership Flagler student injured on a program day to the point of needing medical attention. However, in case of an emergency, we would like the following information to provide your child with the best and quickest medical care.

Name of Student _____

School _____

Emergency Contact Information #1 _____

Name _____ Relationship to Student _____

Cell _____ Home _____ Work Phone _____

Emergency Contact Information #2 _____

Name _____ Relationship to Student _____

Cell _____ Home _____ Work Phone _____

Medical Insurance Company _____

Group Number _____ Policy holder name _____

Relationship to Student _____

Cell _____ Home _____ Work Phone _____

Member Number _____

Allergies to Medication _____

Allergies Otherwise _____

Medical conditions, physical limitations or dietary 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 Flagler 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 _____

REFERENCE FORM

High School _____

MISSION STATEMENT: 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.
Youth Leadership Flagler is a program of the Young Professionals Group, an affiliate of the Flagler County Chamber of Commerce

PLEASE TYPE OR PRINT WITH BLACK INK

Applicant:

Student's Name (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____ ZIP _____

Phone _____

Reference:

The person named above is an applicant for the Youth Leadership Flagler program. The selection committee attaches considerable weight to the statements made by the applicant's references. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

Name of Reference _____ Position/Title _____

School/Firm/Organization _____

Address _____ City _____ State _____ ZIP _____

Phone _____

1. For how long and in what capacity have you known the applicant? _____

2. What do you consider the applicant's primary talents or strengths as they relate to our mission statement? _____

3. Participation in Youth Leadership Flagler requires dependability, personal initiative, and team work. What unique qualities would suggest that this applicant would be a positive asset to the class? _____

4. How has the applicant shown an interest in community affairs and a concern for others? _____

Signature _____ Date _____