

Work Experience

List all jobs you have held: _____

Are you currently working? _____ If so, where? _____ How many hours per week? _____

Do you have any major responsibilities in your home/family? Explain. _____

Extracurricular Activities at School

Please list, in order of importance to you, up to four extracurricular activities in which you are involved at school.

Activity/Organization	Your Leadership Position	Hours/Week	Years Involved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Extracurricular Activities in the Community

Please list, in order of importance to you, up to four extracurricular activities in which you are involved in the community.

Activity/Organization	Your Leadership Position	Hours/Week	Years Involved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Awards/Honors

List major awards, honors or recognition you have received for academic, school, or community-related activities including the dates.

Parent/Guardian Permission

If accepted, my son/daughter has permission to participate in this program. I understand that this includes eight school days and an overnight retreat. The Superintendent of Schools has approved these days as excused absences.

Medical information

A medical information form will be sent to you in the next mailing. Be sure to fill in this form completely and return it to our office as soon as possible.

Parental consent

I agree that participation in the program is at the student's own risk and understand that parts of the program may be physically or emotionally demanding. I hereby acknowledge that I am aware of these risks and I agree to follow all safety instructions and ask questions if I do not understand. I also acknowledge that, despite careful precautions, there are certain inherent risks of injury in this program and I accept those risks. I understand that each participant must assume the risk of injury or disabilities that could result from any of the activities. The student and parent or guardian assume full responsibility for any injuries or damages which may occur to the student in, on, or about the premises of Leadership Geauga County, or off the premises when involved in an activity of the program. The student and parent or guardian do hereby fully and forever release, discharge, and hold harmless Leadership Geauga County, its Board of Trustees, employees, and agents from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the student's participation in the program or any injury suffered while participating in the program except insofar as such claim or cause of action arises from intentional misconduct by Leadership Geauga County, its officers, agents, or employees. By signing this form, you are granting Leadership Geauga County authority to secure emergency medical/surgical treatment for your child while attending the program if there is insufficient time to contact you. You are also giving Leadership Geauga County permission to secure routine, nonsurgical medical care for your child while attending the program. Your signature also authorizes publication of the fact of your child's participation, unless you request in writing that this information be kept confidential. Publication would include notice in your local paper from our news bureau of your child's attendance and use of photos and statements in our literature.

Name of parent/guardian (please print)

Signature

Date

Student Agreement

I certify that all answers given herein are true and complete to the best of my knowledge. I am a high school student who will be in the 11th grade this academic year.

Attendance

If selected, I commit to attending the Orientation, the overnight Retreat, all of the sessions, and the graduation. Full attendance by each participant is essential for Leadership Geauga County Youth Leadership graduation.

Name of Applicant (please print)

Signature of Applicant

Date

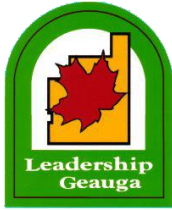
Submission Instructions

1. Complete all three pages of this application. If your application is not complete, it may not be considered.
2. Request that your references complete the forms and send them directly to Leadership Geauga County.
3. Sign your name above.
4. Prepare and attach your essay to your application.
5. Request high school principal to complete the permission form and send to Leadership Geauga County.

Mail or Drop Off the application packet to:

**Leadership Geauga County
Dr. Bob Faehnle, Executive Director
107 South Street, Suite 1
Chardon, OH 44024**

Applicants who have completed the application process by June 1st will receive priority consideration for acceptance into the program.



Leadership Geauga County Youth Leadership Program

Principal, Counselor, Teacher Reference

Applicants who have completed the application process by June 1st will receive priority consideration for acceptance into the program.

Part I: To be completed by the applicant

Name _____
First MI Last

School _____

I understand that the information provided by the reference will be kept confidential and will not be divulged to me at any time.

Signature of Applicant _____

Date _____

Part II: To be completed by Principal, Counselor, or Teacher

Name _____
First MI Last

School _____ Work Phone _____ Email _____

The above student is an applicant for Leadership Geauga County Youth Leadership program. The program is designed to enhance knowledge of and develop leadership skills in a diverse group of area high school students that empower and motivate them to become involved and committed to their community. The sessions feature a lively combination of speakers, small group experiences, tours, and a community service project.

1. Do you recommend this student for Leadership Geauga County Youth Leadership program? Yes _____ No _____
2. How long and in what capacity have you known the applicant? _____
3. What do you consider to be the applicant's primary talents or strengths? _____
4. Please describe one situation where you observed the applicant in a leadership role. _____

5. Please comment on why you think this student is a strong candidate for the program, or reasons why you think he/she may benefit from the program. _____

6. Please rate your perception of the applicant's skills in the following areas:

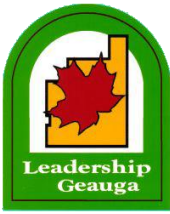
	<u>Outstanding</u> <small>(Top 5% of students his/her age)</small>	<u>Good</u> <small>Top 6-25%</small>	<u>Average</u> <small>Top 26-50%</small>	<u>Needs improvement</u> <small>Less than 50%</small>
Responsibility	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____
Oral communication skills	_____	_____	_____	_____
Interest in community affairs	_____	_____	_____	_____
Persistence and drive	_____	_____	_____	_____

Please use back of this sheet to tell us anything else you would like for us to know about the applicant.

Signature _____

Date _____

**Please mail this form by June 1st to: Leadership Geauga County, Dr. Bob Faehnle, Executive Director,
107 South Street, Suite 1, Chardon, OH 44024.**



Leadership Geauga County Youth Leadership Program

Applicants who have completed the application process by June 1st will receive priority consideration for acceptance into the program.

Part I: To be completed by the applicant

Name _____
First MI Last

School _____

I understand that the information provided by the reference will be kept confidential and will not be divulged to me at any time.

Signature of Applicant _____ Date _____

Part II: To be completed by Community Reference (not a teacher, parent, or relative)

Name _____
First MI Last

Address _____ Phone _____ Email _____

Relation to Student _____

The above student is an applicant for the Leadership Geauga County Youth Leadership program. The program is designed to enhance knowledge of and develop leadership skills in a diverse group of area high school students that empower and motivate them to become involved and committed to their community. The sessions feature a lively combination of speakers, small group experiences, tours, and a community service project.

1. Do you recommend this student for the Leadership Geauga County Youth Leadership program? Yes ___ No ___
2. How long and in what capacity have you known the applicant? _____
3. What do you consider to be the applicant's primary talents or strengths? _____
4. Please describe one situation where you observed the applicant in a leadership role. _____

5. Please comment on why you think this student is a strong candidate for the program, or reasons why you think he/she may benefit from the program. _____

6. Please rate your perception of the applicant's skills in the following areas:

	<u>Outstanding</u> <small>(Top 5% of students his/her age)</small>	<u>Good</u> <small>Top 6-25%</small>	<u>Average</u> <small>Top 26-50%</small>	<u>Needs improvement</u> <small>Less than 50%</small>
Responsibility	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____
Oral communication skills	_____	_____	_____	_____
Interest in community affairs	_____	_____	_____	_____
Persistence and drive	_____	_____	_____	_____

Please use back of this sheet to tell us anything else you would like for us to know about the applicant.

Signature _____ Date _____

Please mail this form by June 1st to: Leadership Geauga County, Dr. Bob Faehnle, Executive Director, 107 South Street, Suite 1, Chardon, OH 44024.



*Leadership Geauga County
Youth Leadership Program*

Principal Permission

Applicants who have completed the application process by June 1st will receive priority consideration for acceptance into the program.

To be completed by the Principal

All applicants must have approval from their current school principal to attend the sessions of the Leadership Geauga County Youth Leadership program.

Please have your principal sign below.

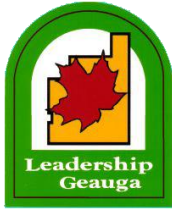
I approve of the participation of _____ (student name) in the Leadership Geauga County Youth Leadership program for the student's junior year. The student meets the criteria of being academically sound and is in good standing.

Principal Name _____

School _____

Signature of Principal _____ Date _____

I agree that participation in Leadership Geauga County Youth Activities will constitute and carry the same and full effect as a field trip from school.



Leadership Geauga County Youth Leadership Program

Community Reference

Applicants who have completed the application process by June 1st will receive priority consideration for acceptance into the program.

Part I: To be completed by the applicant

Name _____
First MI Last

School _____

I understand that the information provided by the reference will be kept confidential and will not be divulged to me at any time.

Signature of Applicant _____ Date _____

Part II: To be completed by Community Reference (not a teacher, parent, or relative)

Name _____
First MI Last

Address _____ Phone _____ Email _____

Relation to Student _____

The above student is an applicant for the Leadership Geauga County Youth Leadership program. The program is designed to enhance knowledge of and develop leadership skills in a diverse group of area high school students that empower and motivate them to become involved and committed to their community. The sessions feature a lively combination of speakers, small group experiences, tours, and a community service project.

1. Do you recommend this student for the Leadership Geauga County Youth Leadership program? Yes ___ No ___
2. How long and in what capacity have you known the applicant? _____
3. What do you consider to be the applicant's primary talents or strengths? _____
4. Please describe one situation where you observed the applicant in a leadership role. _____

5. Please comment on why you think this student is a strong candidate for the program, or reasons why you think he/she may benefit from the program. _____

	<u>Outstanding</u> <small>(Top 5% of students his/her age)</small>	<u>Good</u> <small>Top 6-25%</small>	<u>Average</u> <small>Top 26-50%</small>	<u>Needs improvement</u> <small>Less than 50%</small>
Responsibility	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____
Oral communication skills	_____	_____	_____	_____
Interest in community affairs	_____	_____	_____	_____
Persistence and drive	_____	_____	_____	_____

Please use back of this sheet to tell us anything else you would like for us to know about the applicant.

Signature _____ Date _____

Please mail this form by June 1st to: Leadership Geauga County, Dr. Bob Faehnle, Executive Director 107 South Street, Suite 1, Chardon, OH 44024



Leadership Geauga County Youth Leadership Program

Scholarship Application

Applicants who have completed the application process by June 1st will receive priority consideration for acceptance into the program.

LEADERSHIP Geauga County has a limited amount of financial aid available to individuals who could not participate in the program without subsidy. These funds are raised through corporate gifts, grants, and the annual fund raising activities.

Part I: To be completed by the applicant

Name _____
First MI Last

School _____

I understand that the information provided by the reference will be kept confidential and will not be divulged to me at any time.

Signature of Applicant _____

Date _____

Part II: Reason for the Request

Part III: Amount Requested

How will remainder of tuition be paid? (All participants must personally pay at least \$50.)

Please mail this form by June 1st to: Leadership Geauga County, Dr. Bob Faehnle, Executive Director, 107 South Street, Suite 1, Chardon, OH 44024