

YOUTH LEADERSHIP ACADEMY
Participant Application

Name _____

Address _____

City/County _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____

Age _____ Gender _____ Grade _____ School _____

Parent(s)/Guardian(s) Name _____

I, _____ am applying to be a member of the Youth Leadership Academy (YLA). I understand that I must complete the 12-session Academy, maintain good attendance, good character and a positive attitude.

Print _____ Sign _____

Date _____

Parent/Guardian Approval:

_____ has my permission to join the Youth Leadership Academy. I will support the Academy and my child's attendance at group meetings and activities. I will also help my child to maintain good character and a positive attitude.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Home Phone _____ Cell Phone _____

Email _____

1. Why is it important to have a youth leadership group in the York County/ Poquoson community?

2. Name three (3) skills or strengths that you possess and describe why these are important for a youth leader.

a. _____

b. _____

c. _____

3. If you could be like one person from the past or the present, who would it be? Please explain why this person is a leadership role model for you.

4. Name two (2) projects that you think the Youth Leadership Academy could do to improve the community.

a. _____

b. _____

5. Name one obstacle that you are facing and how you are dealing with it, or name an obstacle that you have overcome and how you handled it.



Scan and email completed form to David Godwin at dgodwin@altinc.org