

Information Packet: Class of 2020-21

OVERVIEW & GOALS

If selected to participate in YLA, the program begins with a MANDATORY parent/student orientation meeting in June and in August a MANDATORY overnight retreat where participants are introduced to the objectives of Youth Leadership Atmore. The retreat allows students from different schools to meet and learn more about each other. It also teaches teamwork, decision-making skills, and how to work together to accomplish challenges and goals. From September through April, the class is involved in a series of interactive, educational activities and trips that take place one day each month. Participants will also have the opportunity to interact with community and state leaders, visit major businesses, government offices, college campus, healthcare facilities, etc. A MANDATORY graduation ceremony and reception is held in April. A 2019-2020 schedule will be provided at the orientation meeting.

****Note: Based on the number of applicants, all who apply may not be interviewed.*

ELIGIBILITY REQUIREMENTS

- High school junior (during YLA participation)
- **Must have a cumulative grade point average of 2.5 or higher**
- Must be enrolled in one of the following high schools:
 - Escambia County High School
 - Escambia Academy
 - Northview High School
 - Atmore Christian School
 - Home School
- Commitment to 100% participation (Orientation, Overnight Retreat, Graduation, and six sessions)

- A \$125 non-refundable tuition fee shall be paid upon selection into the program (to be paid at Orientation)

**Partial financial aid may be available to those students demonstrating a need and applying for assistance prior to Orientation.*

THE APPLICATION AND SELECTION PROCESS

Fill out the application forms, have it signed by your parents/guardians, your school principal, and any coach and/or sponsor(s) of after school activities requiring practices that would may or may not interfere with YLA monthly sessions. Attach a current photograph to your application. Return your completed forms to the Atmore Area Chamber of Commerce office, 137 North Main Street. Remember ...Incomplete applications, and applications received after the deadline will not be considered. **DEADLINE: 5:00 P.M. FRIDAY, MAY 29TH, 2020. Incomplete application packets will not be considered**

When you return your completed application packet an interview time will be provided to you.

All interviews will be held at the Atmore Chamber office and will last no more than 15 minutes per applicant.

APPLICATION PACKET CHECKLIST

Parents and Applicant - Please read all information and forms carefully!

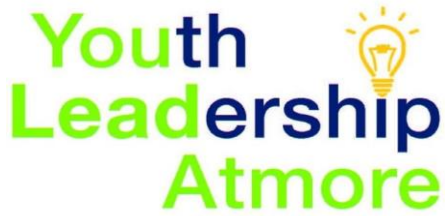
When preparing to return your completed forms to the Atmore Area Chamber of Commerce office 137 North Main Street Atmore, AL 36502. Use the below checklist as your reminder.

- ☐ Application - (include photo)
- ☐ Student Action Agreement Form
- ☐ Reference Form (in sealed envelope)
- ☐ Parental Permission Form
- ☐ School & Coaches/Sponsors Approval Form
- ☐ Medical Release Form with Insurance Card
- ☐ Facebook Release Form

For More Information or any questions, you may have please contact the Chamber at (251) 368-3305 or e-mail the program at YLAatmore@gmail.com.

YLA is a program of the Atmore Area Chamber of Commerce coordinated by the volunteer committee of Youth Leadership Atmore.

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CLASS OF 2020-21 Reference Form

Applicant name: _____

To the Applicant: Give this form to the individual providing a reference. No family members, or close relatives, may be used as references. Have the individual place the form in an envelope and seal it. You are responsible for delivering the sealed envelope to the Atmore Area Chamber of Commerce office with your application form.

To the Reference: The person named above has applied for the Youth Leadership Atmore program. It is an interactive, hands-on experience with the community, aimed at youth beginning to show leadership potential and community interest. The Program Committee: (1) will attach considerable weight to your statements, (2) is aware of the time necessary to prepare such an assessment, and (3) gratefully acknowledges your help. The information you provide will be reviewed in confidence.

Name of adult reference: _____

Position/Title: _____

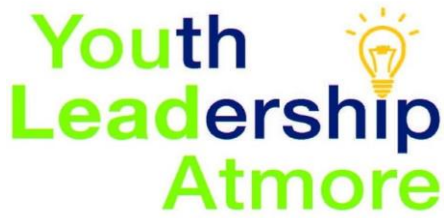
School/Business/Religious Group/Organization: _____

Work phone: (____) _____ Home phone: (____) _____

1. How long, and in what capacity, have you known the applicant?
2. What do you consider to be the applicant's primary talents and strengths?
3. Comment on the applicant's relationship with his/her peers.
4. Why do you feel the applicant would be a good candidate for YLA?
5. Please rate your perception of the applicant's skills in the following areas:
(1 = Needs improvement 2 = Satisfactory 3 = Exceptional)

___ Responsibility	___ Concern for others	___ Maturity
___ Curiosity	___ Initiative	___ Leadership
___ Persistence	___ Oral communication skills	___ Character
___ Ability to work with others		

DEADLINE: 5:00pm, Friday, May 29th, 2020 at the Atmore Area Chamber of Commerce office
137 North Main Street Atmore, AL 36502



Parental Permission Form Class of 2020-2021

I am the parent/legal guardian of _____ (student name). I have read the information on the Youth Leadership Atmore program, and am willing to have my child participate.

I understand attendance is required at the Opening Retreat and that the retreat will be held at a camp facility outside of Atmore. I also understand if my child is unable to attend the Retreat, he/she will be unable to participate in the Youth Leadership Atmore program. I further understand (1) the time commitment required to participate in Youth Leadership Atmore, (2) that 100% attendance is expected, and (3) that two unexcused absences constitute dismissal from the program.

Youth Leadership Atmore, its agents and its employees, have full permission and consent to transport and otherwise provide transportation for my child in connection with all sessions of Youth Leadership Atmore during the school year in which he/she is a participant.

I hereby release and hold harmless Youth Leadership Atmore, its members, agents, employees or any individuals involved in the planning, organization or presentation of Youth Leadership Atmore 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 Atmore.

Date _____

Parent/Legal Guardian Name (please print) _____

Signature of Parent/Legal Guardian _____

Primary Phone Number (____) _____ ☐ Cell ☐ Home ☐ Work

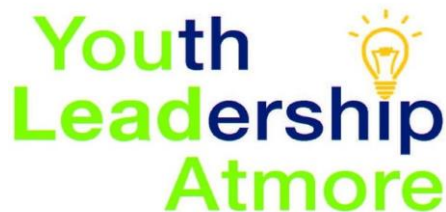
Alternative Telephone (____) _____ ☐ Cell ☐ Home ☐ Work

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

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137 North Main Street Atmore, AL 36502



Class of 2020-2021 School Approval Form

Please have your School Principal complete this brief form and sign below.

All applicants MUST have the following approvals to attend the sessions of Youth Leadership Atmore:
1) Your School Principal; 2) Your Coaches and/or Sponsors of after school sports and/or cheerleading programs.

I approve the participation of _____ (Students Name) in the Youth Leadership Atmore Program for 2020-2021. The student meets the criteria of being academically sound (cumulative GPA of 2.5 or higher).

Principal's Name (please print) _____

School Name _____

Signature of Principal _____ Dated _____

Signature of Coaches/Sponsor(s) _____ Dated _____

Signature of Coaches/Sponsor(s) _____ Dated _____

Signature of Coaches/Sponsor(s) _____ Dated _____

Signature of Coaches/Sponsor(s) _____ Dated _____

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 137 North Main Street Atmore, AL 36502

I am _____ (please print your name). I have read the information on the Youth Leadership Atmore program and am willing to participate.

I understand my responsibility is to represent Youth Leadership Atmore in my school and in the community with exemplary behavior and due respect to those adults conducting not only the scheduled sessions, but also during all of my activities in general, and any violation of this understanding may, and probably will, result in the termination of my participation in Youth Leadership Atmore.

Student's Name (please print) _____

Student's Signature _____ Dated _____

T-Shirt/Polo Shirt Size _____

*Email address

Primary phone number (____) _____ ☐ Cell ☐ Home ☐ Parents

Alternative Telephone (____) _____ ☐ Cell ☐ Home ☐ Parents

Mailing address _____

Street City Zip



CLASS OF 2020-2021 Medical Release Form

I, _____ (Parent/Legal Guardian's Name) hereby give permission for any and all medical attention to be administered to my child, _____ in the event of accident, injury, sickness, etc., under the direction of the Youth Leadership Atmore Program Coordinator and/or the Member(s) of the Program Committee, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

INSURANCE INFORMATION

Note: Must include/attach a copy of the participant's insurance card.

Insurance Carrier: _____ Plan No.: _____

Subscriber Name: _____ Subscriber Id: _____

EMERGENCY CONTACT INFORMATION

Note: Contacts will be reached in the order listed should parent/guardian not be available.

In case I cannot be reached, any of the following persons is designated to act on my behalf.

Name _____ Phone number () _____

Name _____ Phone number () _____

Name _____ Phone number () _____

HOSPITAL AND PHYSICIAN INFORMATION

Hospital Preference: _____

Physician's name: _____

Physician's address: _____

Physician's phone: _____

Participant's known allergies and/or any significant illness _____

AUTHORIZATION

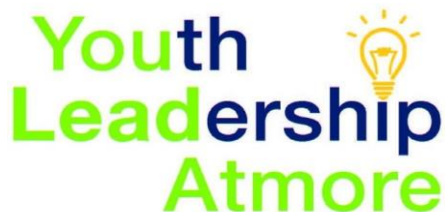
Signature of Parent/Legal Guardian _____ Date _____

Primary Phone Number (____) _____ ☐ Cell ☐ Home ☐ Work

Alternative Telephone (____) _____ ☐ Cell ☐ Home ☐ Work

Email Address _____

Mailing Address _____



CLASS OF 2020-2021 Publicity Release Form

I am the parent or legal guardian of _____ "Volunteer". I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form I, _____, parent and/or legal guardian of _____, a participating volunteer student of the Youth Leadership Atmore Class of 2020-21 hereby:

In return for being allowed to participate in Youth Leadership Atmore, a program of The Atmore Area Chamber of Commerce volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer, if Volunteer is under age 18, (hereafter referred to using "I", "me", or "my") hereby grants to the Chamber, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer's name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation.

- ☐ I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.
- ☐ I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.
- ☐ ☐ **ALLOWS** ☐ **DOES NOT ALLOW** his/her image to be posted to the YLA Facebook page and/or the Atmore Area Chamber of Commerce website.
- ☐ I understand these pages will be administered and monitored by the current YLA Program Committee and/or the staff of the Atmore Area Chamber of Commerce. I understand that photos/videos posted will represent the current YLA students as they participate in the program sessions throughout the school year beginning in August 2020 and ending May 2021. I also acknowledge that the photos/videos posted can and will be visible to all persons without restriction.

Signature _____

Date _____