



For more information or questions
please contact the Chamber
Info@tracychamber.org
Or (209)835-2131

TRACY CHAMBER 2020 YOUTH LEADERSHIP APPLICATION

Mission

**To transform students into effective and influential
leaders in local organizations and communities.**

Goals

- **Inspire, motivate and encourage youth to take command of their future and that of their community**
- **Give youth a comprehensive view of Tracy, its realities, opportunities, and what makes up the community**
- **Provide participants a chance to serve their community**
- **Present young leaders with a refreshing and fun experience**

Leadership Program Schedule

**APPS
DUE BY
AUG 15 2020**

APPLICATION CHECKLIST

Please complete the forms below. Only completed applications will be considered and must include :

1. Applicant's Submittal. Fill out completely, including back page.
2. Guardian's Waiver. Have this completed by your parent or guardian and include with your completed application.

I understand that I must complete the Applicant's Submittal portion of this by myself , and state that no one else has completed the application on my behalf . _____ Yes

REQUIREMENTS OF THE PROGRAM

Attendance of all sessions listed on the Program Schedule on page 1 is required of each student. Participants must fully participate in the Welcome Orientation on _____ from ___ to ___ as a requirement for graduation from the program.

Students who miss more than one of the scheduled program days or events will be dismissed from the program without the opportunity to graduate.

I have compared my schedule with the Program Schedule on page 1 and agree, if I am selected, to attend every one of the program sessions absent extraordinary circumstances. I understand if I miss Orientation or more than one other program day or event listed, I will not graduate from the Program.

_____ YES _____ NO

Shirt Size _____

I agree that I will wear the Leadership shirt issued to me, khaki or black pants and closed toe shoes to each of the activities unless informed otherwise, out of respect for the professional establishments we will be visiting. I will not wear jeans, shorts, or flip flops.

I understand that bus transportation will be provided between locations for site visits during many of the days or events and that is a requirement of the program that I ride the bus with my classmates.

I further understand that e-mail will be the primary method of communication between the program leaders and the participants. If I am selected, I will have an active e-mail account that I will check daily for communication about the program and provide a parent e-mail for informational purposes.

Signature of Applicant

Signature of Parent or Guardian

Personal Information

Name _____ Email Address _____
Home Address _____ City _____ Zip _____
Name you prefer _____ Cell Phone _____
Birth Date _____ School _____

Parent/Guardian Information

Name _____ Email Address _____
Phone _____

General Information - attach extra sheet if necessary

1. Describe yourself from an outsiders point of view (personality, character, etc.)

2. What are your plans after High School?

3. How do you believe you can contribute to the betterment of Tracy and its community?

4. If you could make one major change at your school what would it be? Why?

5. What qualifications and qualities make an effective leader?

6. Why do you believe Youth Leadership will benefit you and your community?

School Experience

Other schools attended:

List up to three special awards, honors, or recognitions you have received from the 7th through 12th grades.

Main areas of interest in studies:

Organizations and Activities

Please list in order of importance to you, up to three school, volunteer, social, athletic, artistic, or other activities in which you have participated during the last four years:

1. _____
2. _____
3. _____

Work Experience

List any part time job experience you have, paid or volunteer, and briefly tell us what is involved.

Do you currently have a part time job? _____ How many hours a week? _____

Would your job interfere with your attendance of the Youth Leadership? _____

Adult Reference (Non-Relative)

Name _____ Email Address _____

Phone _____

School Counselor Approval

Name _____ Signature _____

**GUARDIAN'S WAIVER
AUTHORIZATION AND RELEASE**

I, the undersigned, am the parent or guardian of _____
(print name of youth)

I understand that if my child is selected as a participant in the Tracy Chamber Youth Leadership program, which is sponsored by The Tracy Chamber of Commerce ("TCC"), I will give my approval for my child's participation in the program, which will require my child to attend events organized by TCC, that will start and end at a variety of different locations in Tracy. I understand that for a high quality program, it is necessary to travel to various places during the Youth Days. I understand that for some events, my child may be transported on buses or other vehicle arranged by TCC, and I authorize TCC to include my child in such transportation arrangements. I understand that all Youth must ride the bus or TCC provided transportation with their classmates between locations and are not allowed to drive themselves or ride with anyone else.

I understand that participants in the program may be photographed or videotaped. I authorize the use of any photographs or videotape of my child in conjunction with TCC. I understand that these photos or videos may be used in media (e.g., Social Media, Facebook, Newspaper, News Letters).

I further understand that e-mail is the primary method of communication between the program leaders and the participants. If my child is selected, he or she will have an active e-mail account that is checked daily for communication about the program. I understand that as the parent or guardian of a participant in the program, I will also provide my e-mail address for communication with the program coordinators and will assist my child in managing communication and notifications for the program.

My child has no special physical or medical condition that would make his or her participation in the program inappropriate. I agree that TCC shall not be responsible for any injury or illness sustained by my child as a result of his or her participation in the program, including injury or illness sustained during travel to and from program events.

On behalf of myself, my child, and any other parent or guardian of my child, I release and agree to indemnify TCC from liability for any claims, suits, or expenses resulting from any injury or illness sustained by my child, or any damage or loss to property in the possession of my child, arising out of my child's participation in the program. This Authorization and Release is for the benefit of TCC and its officers, directors, members, and agents.

I have read and understand the provisions of this Authorization and Release.

Date _____

Signature of Parent or Guardian

Print name of Parent of Guardian

All applications will be reviewed in confidence, and only completed applications will be considered. Participants will be selected solely based on information provided in this confidential application and references. All applicants will be notified in writing of the selection committee's decision.

Deliver to: **The Tracy Chamber of Commerce, 35 E. 10th Street, Tracy, Ca 95376**