

YOUNG ADULT LEADERSHIP TRAINING APPLICATION		
APPLICANT INFORMATION		
Name:		
Birthday:		Age:
Current Address:		
City:	State:	ZIP Code:
Email:	Phone:	Alternate Phone:
PARENT/GUARDIAN INFORMATION (IF UNDER 18-YEARS-OLD)		
Name:		
Address:		
City:	State:	ZIP Code:
Email:	Phone:	Alternate Phone:
EMERGENCY CONTACT		
Name:		
Address:		
City:	State:	ZIP Code:
Relationship:	Phone:	Alternate Phone:
PERSONAL STATEMENTS (PLEASE ANSWER EACH QUESTION BELOW IN A FEW SENTENCES)		
What does <i>leadership</i> mean to you?:		
How do you hope this leadership training will help you?		
SIGNATURES		
Signature of applicant		Date:
Signature of parent/legal guardian: (if under 18-years-old)		Date:

Thank you.