|  |
| --- |
| 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 *leadership* 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 |

***This Leadership series will have long sessions and will last all day.***

***Applicants must be prepared to attend extensive training workshops.***

***This Training is limited to Youth and Young Adults between the ages 14-25.***

***All Applications must be submitted before June 4th. We will review applications and will contact all applicants June 11th***

***Because space is limited, we cannot guarantee your application will be accepted.***

***Thank you.***