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| 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.***