

*Greater Muskogee Area
Chamber of Commerce & Tourism*



Youth Leadership Application

The mission of Youth Leadership Muskogee is to prepare area high school age youth to make a positive difference through community leadership.

Youth Leadership introduces participants to their community through monthly sessions that are designed to foster community pride and a sense of ownership.

Goals

1. To Develop Leadership Skills in Youth.
2. To Gain an Awareness of Community Resources and Volunteer Opportunities.
3. To Build a Life-Long Commitment to the Role and Responsibility of Community Citizenship.
4. To Gain a Greater Understanding of Current Issues Through Interaction and Problem-Solving with Peers and Community Leaders.
5. To Foster an Understanding and Appreciation for the Chamber of Commerce and the Business Community Which it Represents.
6. To Develop Pride in the Community.

Session Topics

CommUNITY: Team Building/Networking

How Do I Fit In: Community Development

It's My World: Democracy & Government

Leadership Project (Special Session)

I Have A Choice: Quality of Life

Graduation

All Sessions will be Interactive and Activity Based.

Personal Information

Name (first, middle, last): _____

Name you go by: _____

Home Mailing Address: _____ Home Phone: _____

City and Zip Code: _____ Cell Phone: _____

Date of Birth: _____

Shirt Size: _____

Sex: _____

Have you Applied Before: _____

Race: _____

Name of Guardian you reside with: _____

Relationship to you: _____

School Information

School Attending: _____

School Counselor: _____

Current Grade Level: _____

School Phone: _____

School Address: _____

City and Zip Code: _____

All applicants **MUST** have the approval of their school principal to attend the sessions of Youth Leadership Muskogee. Please have your principal sign below.

I approve of the participation of _____ in the Youth Leadership Muskogee program. I understand that attendance is mandatory for Youth Leadership Muskogee. I will serve as an advocate to our faculty to ensure the student is not penalized for missing school classes or activities.

Principal Name: _____

Principal Signature: _____

Selection Process

1. **DEADLINE:** All applications, signatures by principal, parent/guardian, and reference forms must be complete and received at the Greater Muskogee Area Chamber of Commerce & Tourism no later than December 17, 2010. Applications can be mailed to 310 W Broadway, Muskogee, OK 74401; faxed to (918) 682-2403 or emailed to alisha@muskogeechamber.org. Late applications will not be accepted.
2. The completeness and quality of your application is the major criteria for selections. Incomplete applications will not be accepted.
3. This is a blind selection process. The judges have no record of name or school of applicants. The Personal Information page is not used in the selection process, nor any information relating to the identity of the student.
4. Each application is scored by 5 judges that are not employees of the Greater Muskogee Area Chamber of Commerce & Tourism or the City of Muskogee. The scores are added together and averaged. The total is your final score. The top 30 scores are accepted.
5. Selection notification will be delivered no later than January 8, 2011.

Parental Permission

1. I am the parent/legal guardian of _____ . I have read the information on the Youth Leadership Muskogee program and am willing to have my child participate. I understand the selection process and I agree to be responsible for providing transportation for my child in connection with all sessions of Youth Leadership during the school year in which he/she is a participant.
2. I hereby release and hold harmless the Greater Muskogee Area Chamber of Commerce & Tourism, its members, agents, employees or any individuals involved in the planning, organization or presentation of Youth Leadership programming for any accident, injury, illness, or any damages whatsoever related to the above-mentioned student's attendance at/or participation in, any activity or session of Youth leadership.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Email Address: _____ Daytime Phone: _____

Photo/Video Release

I (we) give permission to the Greater Muskogee Area Chamber of Commerce & Tourism to use photographs, and/or video, and/or audio of my (our) child obtained while participating in Youth Leadership Muskogee. I (we) release the Greater Muskogee Area Chamber of Commerce & Tourism, its members, agents, employees or any individuals involved in the planning, organization or presentation of Youth Leadership Muskogee programming from any and all liabilities arising from the use of these items for publicity purposes and waive the right to all negatives, photos, tapes and reproductions, as well as waive my (our) right to inspect or approve the finished photographs and/or tapes.

Child's Name: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Attendance Policy

Full attendance by each participant is essential if the Youth Leadership program is to meet its objectives. Youth Leadership will work with schools to encourage school attendance credit. Please check the program calendar on the enclosed information sheet. If selected, you must be able to attend all program sessions. If absence is necessary because of a school related function, illness, etc. then the absence must be made up by volunteering at the Chamber of Commerce office, or another local organization, or by writing a 5 paragraph essay about the importance of leadership. A make-up sheet is provided in the information packet.

I understand and accept the attendance requirements for Youth Leadership.

Student Name: _____ Date: _____

Student Signature: _____

Organizations & Activities

Code: _____

Please list in order of importance to you up to five school, volunteer, religious, social, athletic, scouting or other activities or organizations in which you have participated during the last four years.

Name of activity/organization and when involved:

What activities would you like to be involved in:

If you haven't had the opportunity to participate in activities/organizations, why not:

School & Community Experience

Why do you think you should be chosen for Youth Leadership (worth 10 points):

Work Experience/Home/School Responsibility

List any part-time job experience, paid or volunteer, and briefly tell what is involved:

Do you currently have a job: _____ How many hours per week: _____

If selected for the Youth Leadership Muskogee program, would your job conflict with your participation: _____

Explain your family/home responsibilities: _____

Explain your school responsibilities (other than classwork): _____

About You

Code: _____

How would your best friend describe you (worth 5 points):

Who is your hero or heroine (someone you admire) (worth 10 points):

What do you do for fun (worth 5 points):

What do you consider your most important achievement so far? Describe how you have made a difference (worth 15 points):

Community Assessment

Explain your goals for the future and how Youth Leadership would help you obtain them (worth 15 points):

If you could change anything in your community, what would it be and why (worth 15 points):

Conclusion

What would like to tell us about yourself (Strengths/Weaknesses) (worth 10 points):

Youth Leadership Reference Form

(Please return to the Chamber office at P O Box 797, OK, 74402 or fax to 918-682-2403 **by Dec. 17, 2010**)

STUDENT NAME: _____

TO THE REFERENCE: The person listed above is an applicant for the Youth Leadership Muskogee program. It is an interactive, hands-on experience with the community, aimed at youth who are beginning to show leadership potential, youth who are proven leaders and youth who are non-traditional leaders. The Selection Committee is aware of the time necessary to prepare a reference and gratefully acknowledges your help. Please type or print. This application will be reviewed in confidence.

Name of Reference: _____ Position/Title _____

School/Business/Religious Group/Organization: _____ Work Phone: _____

Address _____ City _____ State _____ Zip _____ Home Phone: _____

1. For how long and in what capacity have you known the applicant? _____

2. Comment on the applicant's relationship with his/her peers: _____

3. How do you think this applicant would benefit from this program? _____

4. Please make an assessment of the applicant using the ten criteria below:

5 - Excellent; 4 - Good; 3 - Satisfactory; 2 - Poor; 1 - Not Acceptable

A) _____ LEADERSHIP INTEGRITY: The degree to which the applicant is recognized and respected by peers. Includes personal integrity, character and reputation.

B) _____ TEAMWORK EFFECTIVENESS: Demonstrated success as a leader in working with others to get things done.

C) _____ ANALYTICAL/PROBLEM SOLVING SKILLS: Mental ability to understand complex issues. Includes depth of insight and desire to seek solutions of issues facing our youth and/or community.

D) _____ COMMUNICATION SKILLS: Includes writing, speaking and listening, and willingness to interact with both individuals and groups.

E) _____ POTENTIAL FOR GROWTH: Openness to broadening experiences and contacts, especially with those of different peer groups or viewpoints.

F) _____ DEPENDABILITY/CONSISTENCY: Commitment to following through on tasks undertaken.

G) _____ COMMUNITY INVOLVEMENT: Degree of involvement and membership in organizations in applicant's community.

H) _____ EXTRA-CURRICULAR INVOLVEMENT: Degree of involvement and membership in organizations in applicant's school.

I) _____ ASSESSMENT OF CURRENT LEADERSHIP EFFECTIVENESS: Extent to which currently involved and successful in leadership activities.

J) _____ ASSESSMENT OF FUTURE LEADERSHIP POTENTIAL: Desire for and commitment to future involvement in leadership positions.

What else would you like to say about the applicant? _____

Signature

Code: _____

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