



Youth Leadership For the City of Mount Dora

Our Mission: Engaging, developing and inspiring community leaders.

For High School Students

CALENDAR

Orientation Friday, June 1
Leadership Program
June 4-8, 8am to 4pm

**Application Deadline
March 9, 2018**

NO EXCEPTIONS!!

Welcome/Orientation

Police & Fire

Communications Day

Arts & Culture Day

Library Resource Day

City of Mount Dora City Hall

Graduation

Our Goals:

Identify high school students who are leaders or have demonstrated leadership potential.

Give young people the knowledge, tools & contacts to create successful leaders.

Instill and nurture a sense of social responsibility in our youth.

Offer a forum for young leaders to express their needs, goals and opinions.

Explore the diverse facets of the City of Mount Dora's social affairs, government and business.

Provide participants a chance to serve their community.

Present young leaders with a renewing and fun experience.

Orientation

What is Youth Leadership? Who are your fellow classmates? What does leadership mean? How does Youth Leadership intersect with the Adult Leadership program? Learn the answers to all of these questions. **Parental attendance is required!**

How well do you know your fellow classmates? Can you operate as a team? Bond with your classmates, learn about your different leadership skills and get to know each other while having fun!

Police & Fire

Tour the Mount Dora Police and Fire Department, and get a working knowledge on the duties and responsibilities.

Do you wonder what the City of Mount Dora has to offer through the Lake Technical College Institute of Public Safety?

Communications Day

Learn what makes news. A day trip to a local news station.

Arts & Culture Day

Have you ever wanted to see the backstage of our local art facilities? Have you wondered how you can turn your passion for art into a career? This day will allow you into the hearts of the art facilities in our community and meet the people who have turned art into their careers!

Library Resource Day

How to access the services and resources that is offered by our local Library.

City Hall

Understanding the inner-workings of Mount Dora's City Hall, and their role in making Mount Dora a truly special place to live and visit. The City Council is elected by the public and is empowered to adopt and enforce legislative and budgetary ordinances, policies, rules, and regulations necessary to conduct the business of the public and to provide for protection of the general health, safety and welfare of the public environment in your community and hear from the leaders of some of the most unique facilities in Mount Dora.

Graduation

A time to celebrate your accomplishments and share them with your family and friends!!



THE MISSION

Youth Leadership of the City of Mount Dora is a wide program designed to nurture and develop positive leadership qualities among high school aged students in Mount Dora. It's about Mount Dora, and how young people can make it a better place. It is work; it is fun. It is learning about the community, its services and about how to serve it.

THE GOALS

- To identify high school students who are leaders or have demonstrated leadership potential
- To give young people the knowledge, tools and contacts to make successful leaders
- To instill and nurture a sense of social responsibility
- To offer a forum for young leaders to express their needs, goals and opinions
- To expose young leaders to the diverse facets of the City of Mount Dora – in social affairs, government and business
- To provide participants a chance to serve their community
- To present young leaders with a rewarding and fun experience

APPLICATION CHECKLIST

Please type or print. Only completed applications will be considered, and must include:

1. **Applicant's Submittal.** Fill out completely.
2. **Guardian's Waiver.** Have this completed by your parent or guardian and include with your completed application.
3. **Adult Reference.** Have this completed by an adult who is not related to you 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 _____ NO



REQUIREMENTS OF THE PROGRAM

One hundred percent (100%) attendance of all program sessions is required of each student. I have compared my schedule with the Program Calendar dates attached and agree, if I am selected, to commit to attend every one of the program sessions. ___ YES ___ NO

I agree that if selected I will wear casual business attire that also meets my school dress code requirements (except no shorts) 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 also understand that at times, if approved by my parents, I will either be responsible for transporting myself from one location to another during the scheduled activities, carpooling with other students, (as specifically authorized by my parents), or that I will be transported with an approved adult leader of the Youth Leadership Program and my parents have consented to this arrangement. 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. I understand that the adult program coordinators may choose to utilize an adult monitored, "closed group" social media site (such as Facebook) to facilitate communication and coordination among the participants and that participating in such a site is voluntary and requires the consent of my parent or guardian if I wish to participate.

Signature of Applicant _____ Signature of Parent/Guardian _____

PERSONAL INFORMATION (Please print legibly)

Name: _____

Email address: _____

Home address: _____

City: _____ St: _____ Zip: _____

Name you prefer to be called: _____

Home phone: _____ Birthdate: _____

School: _____



GENERAL INFORMATION – attach extra sheet if necessary

1. Using a few phrases or adjectives, describe yourself (personality, character, etc.)

2. Briefly describe two of the most significant problems facing The City of Mount Dora.

3. Give a possible solution to one of the problems you listed.

4. How do you believe you can contribute to the betterment of this community?



5. What are your long range goals? (Please include your career interest and name of college or university you plan to attend)

6. Other than your parents, whom do you most admire and why?

7. What qualifications make an effective leader?



MENTORING / SHADOWING

If you could spend time “shadowing” a person of a particular profession for 4-6 hours, what profession would that be?

SCHOOL EXPERIENCE

Other schools attended:

List up to three special awards, honors or recognitions you have received from the 7th through 11th grades for academic or community related activities.

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 or groups in which you have participated during the last four years:

(Include: ORGANIZATION/ACTIVITY, GRADE IN SCHOOL, LEADERSHIP RESPONSIBILITY OR INVOLVEMENT)

WORK EXPERIENCE

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

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

Would your job interfere with your attendance at Youth Leadership Mount Dora?

IMPORTANT NOTES

A program fee is due upon acceptance to the Youth Leadership Mount Dora Program. PLEASE DO NOT SEND FEE WITH THIS APPLICATION!! If the applicant completes 100% of the program the fee will be refunded.

Return to:

The School administrator _____



ADULT REFERENCE FORM - YOUTH LEADERSHIP MOUNT DORA

(Must be an adult who is not related to you)

Applicant's Name _____

You are asked to provide information on the applicant to effectively determine his or her commitment to Youth Leadership Mount Dora. Please give serious consideration to each statement.

1. Describe your relationship with this applicant and how long you have known him/her.

2. What characteristics of an effective leader do you see in this applicant?

3. Describe a particular incident that makes you think this applicant is a good candidate for Youth Leadership Mount Dora.

4. How would you rate this applicant as a candidate for Youth Leadership Mount Dora?

___ Excellent ___ Good ___ Average ___ Poor

Reference's Signature: _____

Telephone: _____ Date: _____

Thank you for your candor. Please return this form to the applicant as soon as possible. If this form is not included with the student's application, the student will not be eligible for selection.



GUARDIAN'S WAIVER AUTHORIZATION AND RELEASE

I, the undersigned, am the parent or guardian of

_____, a high school student.

(print name of youth)

I understand that if my child is selected as a participant in the Youth Leadership Mount Dora, which is sponsored by The City of Mount Dora, I will give my approval for my child's participation in the program, which will require my child to attend events organized by the City of Mount Dora, that will start and end at a variety of different locations in Mount Dora.

I understand that for a high quality program it is necessary to travel to various places during the program. I understand that at times the youth will either be responsible for transporting themselves from one location to another during the activity, or must carpool with other students (as specifically authorized by me), or will be required to consent to transportation with an approved adult leader of the Youth Leadership Program. I understand that for some events, my child may be transported on buses or other vehicles arranged by the City of Mount Dora, and I authorize the City of Mount Dora to include my child in such transportation arrangements. 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 the program. 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. I understand that the adult program coordinators may choose to utilize an adult monitored, "closed group" social media site (such as Facebook) to facilitate communication and coordination among the participants. Only confirmed class members and approved adult coordinators will be authorized to view and comment upon information on any such site and all such information will otherwise be private to the members of the group. I understand that participating in such a site is not a requirement for participation in the program, but that doing so may assist my child in facilitating and communicating information with respect to the program.



I do or do not (please check) give permission for my child to participate in an adult monitored, “closed group” social media site for communicating with and exchanging information solely among the selected class members and the approved adult coordinators for the Youth Program. My child has no special physical or medical condition that would make his or her participation in the program inappropriate

I agree that the City of Mount Dora 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 the City of Mount Dora 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 the City of Mount Dora and its officers, directors, members, and agents.

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

Signature of Parent/Guardian: _____

Printed name of Parent/Guardian: _____

Date: _____