



Roane County Youth Leadership (RCYL)

Class of 2019-20 Check Off Sheet and Consent Form

The documents listed included (10 pages total) must be completed and turned in together and received no later than the deadline date of **January 11, 2019** to be considered for the Roane County Youth Leadership Program. Your packet of documents may be turned in to your guidance counselor, taken to the Roane County Chamber of Commerce (1209 N. Ky. St., Kingston, Tn. 37763) or scanned and emailed to roaneyouthleadership@gmail.com

Failure to turn in any document will disqualify a student. Read application carefully!

<u>Document Title</u>	<u>Check Off When Included</u>
Pages 1 & 2 Check Off Sheet <u>AND</u> Consent Form	_____
Page 3 & 4 Application	_____
Pages 4 & 5 Essay Information	_____
Pages 6 & 7 Educator Reference Form	_____
Pages 8 & 9 Community Reference Form	_____
Page 10 Principal Permission Form	_____

Requirements to complete the program include:

1. Attendance at the one week camp held during the summer 2019, the week of June 3rd – 7th.
2. Attending 2 Roane County civic meetings (Ro. County Commission, Ro. Co. School Board or a City Council meeting) after the academy but no later than January 2020.
3. Attending after school sessions that will be held between September 2019 thru March 2020. (exact dates and time to be announced)
4. Work with other RCYL participants to complete a community service project.

In order to graduate the RCYL program, the participant must be present at four of the five days of the camp, (Monday is mandatory) attend the civic meetings as well as all of the after school meetings.

Acknowledgement and Consents *(please check signifying agreement)*

- If selected, I commit to attending the summer camp, civic meetings, after school sessions, work on a community service project and attend the graduation.
- I understand that I will pay a participation fee of \$30.00
- I give my permission for my photograph to be used on the RCYL website, by the Roane County News, in marketing related materials and/or on social media.

I certify that the answers given herein are true and that I am a high school student who will be in either the 10th, 11th or 12th grade in the upcoming/next academic year in Roane County, Tennessee.

I _____ the parent/legal guardian of _____
(Print Parent or Guardian Name) (Print Student Name)

have read the information regarding the Roane County Youth Leadership Program and am willing to have my child participate if selected. RCYL, and all their agents have my full permission and consent to transport my child by appropriate transportation in connection with all sessions of RCYL during the year in which he/she is a participant.

I hereby release, indemnify, and hold harmless RCYL, their agents or any individuals involved in the planning, organization or presentation of Roane County Youth Leadership for any accident, injury, illness, or damage whatsoever related to the above-mentioned student's participation in any activity or session of Roane County Youth Leadership.

Parent/Legal Guardian: (Print Name) _____

Parent Signature: _____ Date _____

Address Home Phone Work Phone

Student Name: (Print Name) _____

Student Signature: _____ Date _____

Students must also complete and sign top portion on pages 6 and 8.

Participants will be notified of acceptance by March 15, 2019.

KEEP A COPY OF PAGES 1 – 5 FOR REFERENCE AND AS A REMINDER OF YOUR REQUIREMENTS IF SELECTED.



**Roane County Youth
Leadership
(RCYL)**

**Class of 2019-20
Application**

I attend school at _____ Current Grade: ___9th___10th___11th

Name _____
Last First Middle Preferred Name

Home Address _____
Street City Zip Code

Phone Numbers _____
Home Cell Phone Number

E-mail Address _____ Birth Date ____/____/____
(primary method of communication)

Student Gender: _____ Female _____ Male Race/Ethnicity (Optional) _____

Parent email address _____

Parent or Guardian's Name _____

Parent or Guardian Daytime Phone Number(s) in case of emergency.

#1 _____ #2 _____

Allergies: _____

Food Allergies/ Dietary Restrictions/Special Accommodations Requested:

Medical Conditions: Yes No If Yes, please contact RCYL roaneyouthleadership@gmail.com

Will you be driving to program day site: Yes No

T-Shirt or Polo Shirt Size (Unisex): _____ (Small thru XXL)

REFERENCES REQUIRED – SCHOOL AND COMMUNITY:

Please provide the attached reference form to your high school teacher or guidance counselor. Give the community form to an adult who knows you well other than a parent, relative or school official. (Ex. - Your church youth leader, neighbor, employer, etc.) Have each reference complete the form, place it in an envelope, seal the envelope, and give it back to you. **Forms must be submitted BY YOU along with your application. Please make your request to your references early as a courtesy.**

List your References.

1) Name of School Official: _____

Position: _____ Telephone Number: _____

2) Name of Non-School Reference: _____

Position: _____ Telephone Number: _____

Essay Information: PLEASE PRINT LEGIBLY. If the selection team is unable to read, information will not be considered. Additional information may be included on the back.

1. What do you hope to gain as a participant of Roane County Youth Leadership?

2. How can young people be more effective leaders in Roane County?

3. Using a few adjectives and phrases, describe yourself and what makes you unique?

4. RCYL is investing in your leadership by providing this program for you. What do you hope to give back to Roane County during the next year? Over the next 10 years?



REFERENCE FORM – School
(Teacher or Guidance Counselor)
Roane County Youth Leadership (RCYL)

TOP PORTION FOR THE STUDENT APPLICANT TO COMPLETE

Name _____
Last First School

As a courtesy to your reference, please make your request early. The comments will be held in strict confidence and will be used for RCYL selection purposes only. You are responsible for picking the form up from your reference and returning it with your application packet.

Please sign and date the waiver:

Waiver of Access: I, _____, *waive the right of personal access to the reference.*
Student Signature

TO THE REFERENCE:

The person listed above is an applicant for the Roane County Youth Leadership Program. It is a program that gives area high school students a chance to enhance their knowledge of Roane County and develop leadership skills that will encourage and motivate them to become involved and committed to their community. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help. Please type or print in the spaces provided.

Please return these two (2) reference form sheets **in a sealed envelope** to the student in time for to her/him to apply by the deadline of **January 11, 2019**.

Thank you for your time and commitment to the continued growth and development of the Youth in Roane County.

REFERENCE FORM- SCHOOL
Teacher or Guidance Counselor

Name of Person Giving this Reference _____

Position/Title _____ School _____

Mailing Address _____

THIS REFERENCE IS FOR: _____

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

2. What would you consider the applicant's primary talents or strength? _____

3. Comment on the applicants' potential to successfully complete the course (commitment, attendance, punctuality) _____

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

5. Please describe one situation where you observed the applicant in a leadership role.

OTHER INFORMATION MAY BE INCLUDED ON REVERSE SIDE OF PAPER.
If you have any questions, please feel free to call Roane County Youth Leadership at (865) 376-5572 or email roaneyouthleadership@gmail.com



REFERENCE FORM – **COMMUNITY**
Roane County Youth Leadership (RCYL)

TOP PORTION FOR THE STUDENT APPLICANT TO COMPLETE

Name _____
Last First School

As a courtesy to your reference, please make your request early. The comments will be held in strict confidence and will be used for RCYL selection purposes only. You are responsible for picking the form up from your reference and returning it with your application packet.

Please sign and date the waiver:

Waiver of Access: I, _____, *waive the right of personal access to the reference.*
Student Signature

TO THE REFERENCE:

The person listed above is an applicant for the Roane County Youth Leadership Program. It is a program that gives area high school students a chance to enhance their knowledge of Roane County and develop leadership skills that will encourage and motivate them to become involved and committed to their community. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help. Please type or print in the spaces provided.

Please return these two (2) reference form sheets **in a sealed envelope** to the student in time for to her/him to apply by the deadline of **January 11, 2019**.

Thank you for your time and commitment to the continued growth and development of the Youth in Roane County.

REFERENCE FORM- COMMUNITY

Name of Person Giving this Reference _____

Position/Title _____ Business/Religious Group/Organization _____

Mailing Address _____

THIS REFERENCE IS FOR: _____

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

2. What would you consider the applicant's primary talents or strength? _____

3. Comment on the applicants' potential to successfully complete the course (commitment, attendance, punctuality) _____

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

5. Please describe one situation where you observed the applicant in a leadership role.

OTHER INFORMATION MAY BE INCLUDED ON REVERSE SIDE OF PAPER.

If you have any questions, please feel free to call Roane County Youth Leadership at (865) 376-5572 or email roaneyouthleadership@gmail.com



**Roane County Youth
Leadership
(RCYL)**

Class of 2019-20
Principal
Consent/Recommendation

STUDENT NAME: _____

All applicants must have approval from their current school principal to participate in the Roane County Youth Leadership Program. Please request your principal to complete and sign below:

I support and approve of the participation of _____ as a participant in the 2019-20 Roane County Youth Leadership. This student is in good standing academically, is a person of good character and will be a sophomore, junior or senior during the 2019-2020 academic years.

Requirements to complete the program include:

1. Attendance at the one week camp held at Roane State Community College during the summer 2019, June 3rd – 7th.
2. Attending Roane County civic meetings after the camp but no later than January 2020 – County Commission, City Council and/or School Board meetings.
3. Attending after school sessions that will be held between September 2019 thru March 2020. (exact dates and time to be announced)
4. Work with other RCYL participants to complete a community service project.

In order to graduate, the student must be present at four of the five days of the camp, (Monday is mandatory) attend two civic meetings, the three after school meetings and the graduation.

Name: _____

Position: _____

School: _____

Signature: _____

Date: _____

Please return this completed form to the student as all documents must be turned in at the same time. You may place the form in a sealed envelope for privacy.

If you have questions, you may contact Roane County Youth Leadership at (865-376-5572) or email - roaneyouthleadership@gmail.com