



YOUTH LEADERSHIP COUNCIL APPLICATION

2022-2023

Applicant Information

Last Name

First Name

Middle Name

Date of Birth

Age

Cell Phone

Ethnicity (for statistical use only):

African American Asian Caucasian Hispanic/Latino Multiethnic Native American Pacific Islander Other _____

Home Address

City, State & Zip Code

Primary Email

School Email

Freshman Sophomore Junior Senior

School Attending

Shirt Size: Small Medium Large X-Large

School ID

Expected Grad Year

Please attach a copy of your unofficial high school transcript

Please attach a 4 x 6 photo of yourself that meet the following qualities

You're the only one in the picture

It's a head-and-shoulders view, with thte entire face, both eyes, and hair clearly visible

You're in focus

There are no dark spots or shadows

Applicant Health Information

No Medical Concerns

Activity Restrictions

Please Specify:

ADD/ADHD

Allergies

To what?

Hives/Rash Difficulty Breathi Epi-Pen Benadryl

Asthma

Requires medication/inhaler?

Yes No Daily As Needed With Exercise

Communicable Diseases

Please Specify:

Diabetes

Type I Type II

Medications: Oral Injection Pump Independent in diabetes Self Care Needs Daily Assistance

Diet Restrictions

Please Specify:

Heart Disorders

Diagnosis:

Other restrictions:

Seizure Disorder

Date of Last Seizure:

Seizure Type:

Assistive Devices

Corrective Shoes/Brace Crutches Wheelchair/Scooter

Glasses Hearing Aids

Other conditions, disabilities, or medications _____

Schedule Information

Council members will be required to attend weekly meetings and several other events throughout the month that involve leadership training, learning activities, networking, and community service. All Council members must stay on-site for the duration of meetings and events unless otherwise approved by a parent/guardian or adult council advisor.

As of now, do you foresee a reason preventing you from attending any of the meetings or events? Yes No

If you answered "yes", please explain: _____

What academic/extracurricular obligations do you participate in? Please include extracurricular schedule: _____

Parent/Guardian Information (Primary Contact)

First Name

Last Name

Relationship to Applicant

Home Address (if different from Participants)

City, State & Zip Code

Cell Phone

Primary Email

Emergency Contact Information (different from Primary Contact)

First Name

Last Name

Relationship to Applicant

Cell Phone

Primary Email

Youth Leadership Council Member Acknowledgement

I am aware that the position of Youth Leadership Council is an unpaid leadership position, and skill development training and workshops do not count as community service hours (unless otherwise stated). I understand that this position involves fundamental aspects of group facilitation, experiential learning, public speaking, fundraising and event planning. If selected as a Youth Leadership Council Member, I will support the Santa Barbara Police Activities League (SBPAL) and Youth Leadership Council's (YLC) mission while carrying out the responsibilities assigned to me.

I also understand membership is a privilege that provides students with skills and experiences for a lifetime. I will be expected to adhere to a high standard of ethical conduct, both in and out of the council, and be willing to adhere to SBPAL's strict personal conduct policy.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Applicant Short Answers

Answer the following four questions regarding the Youth Leadership Council Member position. Write your answers in the space below.

1) Tell us about yourself! What are some of your hobbies/interests? How would your friends and family describe you? How are you involved in your school/community? What obstacle(s) have you had to overcome and how did you accomplish that?

2) Program Interest. Why do you want to be a youth leader and what can you contribute to our community? What do you hope to gain from being a member of YLC?

3) Youth Leadership. How do you define youth leadership and why is it important to you? What leadership traits do you have? What leadership traits do you need/want to develop and why? Describe your experience as a leader in your school/community.

4) Personal Input. Returning members, what would you change or add about last year's council or community events? Why? New members, what is an event or activity you would like to do to help the community?
