## YOUTH LEADERSHIP COUNCIL APPLICATION 2023-2024



| Applicant Information  |  |
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| Last Name  | First Name Middle Name                                       |
| Date of Birth Age  | Cell Phone   |
| Ethnicity (for statistical use only):  □African American □Asian □Caucasian □Hispanic/Latino  | D □ 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 <b>4 x 6 photo</b> of yourself that meet the follow 1. You're the only one in the picture. 2. Head-and-shoulders view, with entire face, both eyes, and 3. You're in focus. 4. 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 Breathing 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 ☐ Indeper   | ndent 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/Braces ☐ Crutch   | hes ☐ Wheelchair/Scooter ☐ Glasses ☐ Hearing Aids            |
| ☐ Other conditions, disabilities, or medications   |  |
| ☐ Dietary Restrictions:  |  |

## **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: 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?         |
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| 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 peing a member of YLC?  |
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| 3) Youth Leadership. How do you define youth leadership and why is it important to you? What leadership traits do you have? What eadership traits do you need/want to develop and why? Describe your experience as a leader in tour school/community. |
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| 4) Personal Input. Returning members, what would you change or add about last years council or community events? Why? New members, what is an event or activity you would like to do to help the community?   |
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