

**CONFIDENTIAL APPLICATION**



# ***Teen Leadership Santa Maria Valley***

## **2008-2009**

**Open to Sophomores, Juniors & Seniors**

**Application Deadline Noon June 13, 2008**

**Signed By School Principal**

**Turned into Santa Maria Valley Chamber of Commerce**

**[www.LSMV.org/Teen/Application.htm](http://www.LSMV.org/Teen/Application.htm)**

***“Because our students are one of the most important capital investments we can make in the future prosperity and quality of life in our beloved Santa Maria Valley”***

*Cary Gray*

A Leadership-Training and Citizenship-Building Program of:  
United Way of Northern Santa Barbara County,  
Santa Maria Valley Chamber of Commerce & Visitors Bureau,  
Santa Maria Joint Unified High School District,  
& Leadership Santa Maria Valley



Do you currently have a part time job?\_\_\_\_\_ How many hours per week? \_\_\_\_\_ If selected for the Teen Leadership Santa Maria Valley Program, how would you manage your work schedule?

Explain what your family/home responsibilities consist of:

***Personal Information:***

Using a few phrases or adjectives, describe yourself?

Who is your hero or heroine (someone you admire)? Why?

What are your leisure time activities?

What are your main areas of interest in studies?

What career interests do you have?

***Community Assessment:***

In your opinion, what responsibility do teens have to help solve community problems?

If you could change anything in the Santa Maria Valley, what would it be and why?

What community class project(s) would you like to lead or participate in?

**Attendance:**

If selected, you commit to attend the program orientation, the opening retreat, each one of the seven topic days, and the graduation. Attendance for the entire day is mandatory for each participant. This will ensure the Teen Leadership Program meets its objectives. Additional meetings may be necessary outside the normal school day for your class projects. Teen Leadership Santa Maria Valley is working with the high schools to get school attendance credit. Please check the program calendar dates in this application to see which topic days are school vacation days and which topic days are excused school days. I understand and accept the attendance requirements for Teen Leadership Santa Maria Valley.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Acknowledgement \_\_\_\_\_ Date \_\_\_\_\_

**References:**

Please give the attached reference forms to two adults who know you well, excluding parent/guardian (example: a teacher, religious leader, club advisor, boss, etc.) These forms are very important. We will not accept your application unless we receive two reference forms with your application.

**Independent Study:**

As a participant of Teen Leadership Santa Maria Valley, I agree to complete individual independent study contracts for the school days missed due to scheduled Topic Days.

Student Signature \_\_\_\_\_

**Conclusion:**

How did you find out about Teen Leadership Santa Maria Valley? (Check one)

Friend     Teacher     Counselor     Newspaper     Parent     Other (describe)

Why do you want to participate in Teen Leadership Santa Maria Valley?

What else would you like to tell us about yourself?

**CHECK LIST FOR COMPLETING APPLICATION**

- Your application form is filled out completely and correctly.
- You have asked two adults (excluding parent/guardian) to fill out reference forms.
- You have picked up the completed reference forms and have attached them to your application.
- Your application has been signed by your parent or legal guardian.
- Your application has been signed by all your athletic coaches.
- Your application has been signed by your school principal and you have made a personal copy

[ ] Your application was submitted to the Santa Maria Chamber of Commerce by Noon May 23, 2008.



*Teen Leadership  
Santa Maria Valley*

**Participant Agreement:**

Name \_\_\_\_\_

If selected you agree to commit to 100% participation in all events.

MAKE SURE YOU CHECK YOUR SCHOOL AND FAMILY CALENDAR FOR CONFLICTS.

As a participant of the Teen Leadership Santa Maria Valley, I agree to complete individual independent study contracts for any school day missed due to the scheduling of such days. I understand that I cannot miss more than two school days in my participation of this program.

I am willing to volunteer additional time on committees necessary to fulfill program needs, (class projects, yearbook committee, fundraiser committee, etc.)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

*For any questions regarding the program or events, please contact the*

*Teen Leadership Santa Maria Valley Board Chair*

***Cary Gray***

***805-934-5956 805-570-0620***

**[CaryGray@Assessments-USA.com](mailto:CaryGray@Assessments-USA.com)**



## *Teen Leadership Santa Maria Valley*

### **Parent Permission:**

I am the parent/guardian of \_\_\_\_\_ . I have read the information on the Teen Leadership Santa Maria Valley Program and am willing to have my child participate. Teen Leadership Santa Maria Valley, its agents and its employees have my full permission and consent to transport and otherwise provide transportation for my child by public service bus, private automobile, vans or other appropriate means of transportation in connection with all sessions of Teen Leadership Santa Maria Valley during the school year in which he/she is a participant. I hereby release and hold harmless Santa Maria Unified High School District, Santa Maria Valley Chamber of Commerce, its members, agents, employees or any individuals involved in the planning, organization or presentation of Teen Leadership Santa Maria Valley programming, for any accident, injury, illness or any damage whatsoever related to the above-mentioned student's attendance at or participation in any activity or session of Teen Leadership Santa Maria Valley.

Father/Legal Guardian Name \_\_\_\_\_  
 Signature of Father/Legal Guardian \_\_\_\_\_  
 Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

OR

Mother/Legal Guardian Name \_\_\_\_\_  
 Signature of Mother/Legal Guardian \_\_\_\_\_  
 Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Best time to contact parent/legal guardian: AM or PM Phone Number \_\_\_\_\_

### **School Approval:**

All applicants MUST have the approval of their school principal to attend the nine sessions of Teen Leadership Santa Maria Valley. Please have your principal sign below:

I approve of the participation of \_\_\_\_\_ in the Teen Leadership Santa Maria Valley program. The student meets the criteria of being academically sound.

Principal Name \_\_\_\_\_  
 (please print)

School \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_



## *Teen Leadership Santa Maria Valley*

### **ATHLETIC DEPARTMENT ACKNOWLEDGEMENT**

Any student wishing to participate in Teen Leadership Santa Maria Valley and who is also planning on participating on a school sport must get their coach to sign off acknowledging the program dates. Take this form and the list of topic days to your athletic director and they will direct you to the coaches who need to sign off on this form.

**This form needs to be completed and turned in with your application in order for the Selection Board to set up your interview.**

**Student's Name** \_\_\_\_\_

**Athletic Director's Acknowledgement** \_\_\_\_\_

NO SPORTS INVOLVED      Director's Acknowledgement \_\_\_\_\_

Basketball      Coach Acknowledgement \_\_\_\_\_

Cross Country      Coach Acknowledgement \_\_\_\_\_

Football      Coach Acknowledgement \_\_\_\_\_

Golf      Coach Acknowledgement \_\_\_\_\_

Soccer      Coach Acknowledgement \_\_\_\_\_

Water Polo      Coach Acknowledgement \_\_\_\_\_

Softball      Coach Acknowledgement \_\_\_\_\_

Swim      Coach Acknowledgement \_\_\_\_\_

Tennis      Coach Acknowledgement \_\_\_\_\_

Track      Coach Acknowledgement \_\_\_\_\_

Volleyball      Coach Acknowledgement \_\_\_\_\_

Wrestling      Coach Acknowledgement \_\_\_\_\_

\_\_\_\_\_      Coach Acknowledgement \_\_\_\_\_



## ***Teen Leadership Santa Maria Valley***

### ***2008-2009 PROGRAM SCHEDULE***

<b>September 13-14</b>	<b>Sat-Sun</b>	<b>2-Day Overnight Retreat</b>	<b>(NC)</b>
<b>October 17<sup>th</sup></b>	<b>Friday</b>	<b>Health &amp; Human Services</b>	<b>(SD)</b>
<b>November 11<sup>th</sup></b>	<b>Tuesday</b>	<b>Quality of Life</b>	<b>(NC)</b>
<b>December 22<sup>nd</sup></b>	<b>Monday</b>	<b>Regional Economics</b>	<b>(NC)</b>
<b>January 12<sup>th</sup></b>	<b>Monday</b>	<b>Law &amp; Government</b>	<b>(NC)</b>
<b>February 2<sup>nd</sup></b>	<b>Monday</b>	<b>Military &amp; Aerospace</b>	<b>(NC)</b>
<b>March 20<sup>th</sup></b>	<b>Friday</b>	<b>Youth &amp; Education</b>	<b>(SD)</b>
<b>April 10<sup>th</sup></b>	<b>Friday</b>	<b>Career Exploration</b>	<b>(NC)</b>
<b>May 16<sup>th</sup></b>	<b>Saturday</b>	<b>Diversity &amp; Leadership Training</b>	<b>(NC)</b>

#### **Graduation Reception for Family & Community**

**(SD) Topic Day is a Regular School Day -- (NC) Topic Day is a No Class Day  
Topic Days Are Planned to Get Students Back to Their After-School Activities  
Each Topic Day Includes a 1-Hour Block of Appropriate Leadership Training**



## Teen Leadership Santa Maria Valley

### Reference Form

DEADLINE TO STUDENT: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

TO THE REFERENCE: The person listed above is an applicant for the Teen Leadership Santa Maria Valley program. It is an interactive, hands-on, leadership-training and citizenship-building experience with the community, aimed at High School Juniors who are beginning to show leadership potential and an interest in serving 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 acknowledge your help. Please print or type in ink. Use this form only, no additional paper! Application will be reviewed in confidence.

Name of Adult Reference \_\_\_\_\_

Position/Title \_\_\_\_\_

School/Business/Religious Group/Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

1. Length of time you have known the applicant? How do you know the applicant?

2. What do you consider to be the applicant's primary talents or strengths?

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

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

5. Check up to 4 characteristics that best describe the applicant:

- |  |  |                                     |                                     |
|--|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Responsible               | <input type="checkbox"/> Leadership                    | <input type="checkbox"/> Initiative | <input type="checkbox"/> Creative   |
| <input type="checkbox"/> Curious                   | <input type="checkbox"/> Character                     | <input type="checkbox"/> Mature     | <input type="checkbox"/> Persistent |
| <input type="checkbox"/> Able to work with others  | <input type="checkbox"/> Concern for others            | Other _____                         |                                     |
| <input type="checkbox"/> Oral communication skills | <input type="checkbox"/> Interest in community affairs | Other _____                         |                                     |

6. What else would you like to say about the applicant?

\_\_\_\_\_

Signature of Reference Date

Please get this form back to the applicant as soon as possible.

Applicant will not be considered unless this and all other forms are submitted by their Noon May 23, 2008 deadline.

**MAKE A COPY OF THIS FORM AND GIVE TO EACH OF YOUR TWO REFERENCES  
Remember to give them a deadline to complete the form so you can get your entire  
application to the Chamber of Commerce by the Noon May 23, 2008 deadline.**



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School/Business/Religious Group/Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

7. Length of time you have known the applicant? How do you know the applicant?

8. What do you consider to be the applicant's primary talents or strengths?

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

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

11. Check up to 4 characteristics that best describe the applicant:

- |  |  |                                     |                                     |
|--|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Responsible               | <input type="checkbox"/> Leadership                    | <input type="checkbox"/> Initiative | <input type="checkbox"/> Creative   |
| <input type="checkbox"/> Curious                   | <input type="checkbox"/> Character                     | <input type="checkbox"/> Mature     | <input type="checkbox"/> Persistent |
| <input type="checkbox"/> Able to work with others  | <input type="checkbox"/> Concern for others            | Other _____                         |                                     |
| <input type="checkbox"/> Oral communication skills | <input type="checkbox"/> Interest in community affairs | Other _____                         |                                     |

12. What else would you like to say about the applicant?

\_\_\_\_\_

Signature of Reference Date

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