

ACAP Employment Training Academies
Youth Leadership Council

Application 2010-2011



Please Check Which **YLC** you are applying for:

BETA

SETA

Tri-CETA

Youth Leadership Council

Date of application: _____

Name of applicant: _____

Parent or Guardian: _____

Address: _____

City: _____ State _____ Zip code _____

Phone: _____ Email address _____

Are you currently in school, Yes or No, (circle the one that apply)

If you answered yes please indicate the name of school and grade.

Name of School _____ Age _____ Grade _____

What would be a good day for you to participate in the program? Please check all that apply....

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Youth Leadership Council (YLC) Emergency Form:

Two Emergency Contacts

Name _____ Relationship: _____

Phone: (day) _____ (evening) _____

Name _____ Relationship: _____

Phone:(day) _____ (evening) _____

Youth Leadership Council (YLC) Questions

What does being a leader mean to you?

Give an example of how you have demonstrated individual initiative.

What do you want to gain from your participation in the YLC program?

What role would you like to play in the YLC? Please check all that apply...

- President**
- Vice president**
- Secretary-Treasurer**
- Reporter**