



## Youth Leadership Academy

Fremont Area Chamber Foundation

Presented by

First State Bank & Trust

### Eligibility Requirements

- Enrollment as a junior at Fremont High School, Archbishop Bergan Catholic High School, 2020-2021 academic year.
- Students selected must commit to full participation in the program.
- Participants must have a desire to develop and utilize leadership skills.

### Instructions

- Application forms are available at the Fremont Area Chamber of Commerce (128 East 6th St.) or online at [www.fremontne.org](http://www.fremontne.org).
- **Applications must be typed.** They can be dropped off at the Chamber office, mailed directly to the office, or emailed to Laura Daugard at [laura@fremontne.org](mailto:laura@fremontne.org).
- Complete the application with all the necessary signatures. Incomplete or late applications will not be considered.
- Completed application and reference form is due by **Thursday, April 23<sup>rd</sup>, 2020 at 4:00 p.m.**
- For further information, contact Laura Daugard at the Fremont Area Chamber of Commerce office at (402) 721-2641 or [laura@fremontne.org](mailto:laura@fremontne.org)

### SUBMIT APPLICATIONS TO:

#### By Mail:

Fremont Area Chamber of Commerce  
Youth Leadership Academy  
128 East Sixth Street  
Fremont, NE 68025

#### Drop Off:

Fremont Area Chamber of Commerce  
128 East Sixth Street  
Fremont, NE 68025

#### Email:

[laura@fremontne.org](mailto:laura@fremontne.org)

### Selection Process

- Applications will be reviewed by the Leadership & Professional Development Council to ensure an unbiased evaluation of candidates.
- Successful applicants will be notified in writing by May 30, 2012.

### Graduation Requirements

- Attendance is required at all sessions. The sessions will be held during the day until approximately 3:00 p.m. and should not interfere with after school activities. Every effort will be made to avoid conflicts with other school functions. Your teachers and coaches are aware of this program and your absence from school during these sessions will be excused. One excused absence from the program may be allowed under certain pre-arranged circumstances. Participation is a privilege, so attendance is your responsibility. Participants will have the opportunity to Graduate with Honors if they fulfill the requirements set by the planning committee.
- Prepare a brief presentation of a community and service learning project demonstrating the knowledge and leadership skills gained.

### Program Funding

- Through the title sponsorship of First State Bank & Trust, each student receives a partial scholarship. The remaining tuition amount of \$295 covers all costs associated with the program including educational materials, meals, transportation, and the graduation banquet.
- Youth Leadership Academy is a program of the Fremont Area Chamber of Commerce Foundation and First State Bank and Trust.



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## YOUTH LEADERSHIP ACADEMY APPLICATION

### PAYMENT OPTIONS

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
School

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

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Parent/Guardian Name(s)

\_\_\_\_\_  
Parent/Guardian Home Phone

\_\_\_\_\_  
Parent/Guardian Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Parent/Guardian E-mail address

Polo Shirt Size : Men \_\_\_\_\_ Women \_\_\_\_\_

## VISION

Youth Leadership Academy is designed to assist participants in developing leadership skills and in expanding their awareness of the social, economic, and political challenges facing the Fremont community. The Leadership Fremont Alumni Association believes that each participant has the potential to become a leader and valuable decision-maker in the future. **In a new document, please provide your answers to the following questions:**

1. Please explain what you hope to gain by participating in Youth Leadership Academy.
2. How do you believe citizens can contribute to the betterment of their communities?
3. What do you think are the two most significant challenges facing the Fremont area? Please be specific and for each challenge suggest a solution.
4. What are your long-range goals? Where do you see yourself in ten years?
5. What strengths do you feel you will bring to the Youth Leadership Academy program?

## VOLUNTEER EXPERIENCE

List any past or present volunteer experiences including dates volunteered and job duties.

## INTERNSHIP/WORK EXPERIENCE

List any past or present job experience including dates employed and duties. Start with your most recent.

## AWARDS AND HONORS

List awards, honors, or recognition for academic, school, or community related activities received from the 7<sup>th</sup> through 10<sup>th</sup> grades.

## ORGANIZATIONS AND ACTIVITIES

Please list, **in order of importance to you**, any school, religious, social, athletic, hobbies, or other activities or organizations in which you have participated in from 7<sup>th</sup> through 10<sup>th</sup> grade include your leadership responsibilities and involvement.

## REFERENCES

One completed reference form is **required**. Please include your sealed reference form with your application. References are recommended from someone who knows you well, other than a parent or relative. Your high school principal, counselor, teacher, coach, scout leader, church leader, etc. often make good references.

If you have questions, please contact Laura Daugard at the Fremont Area Chamber of Commerce office at (402) 721-2641 or via email at [laura@fremontne.org](mailto:laura@fremontne.org).

## APPLICANT COMMITMENT

**“I understand the purposes of the Youth Leadership Academy program. If I am selected, I will devote my time and resources to complete the program. My attendance is expected at all sessions.**

**In addition, I agree to complete assignments and projects required by the program. In signing this application, I understand and accept these commitments and agree to honor them.**

**Furthermore, I understand that my conduct represents the Youth Leadership Academy program. As a role model, I pledge to make positive decisions that would be expected from an up and coming leader on my campus and in my community. I understand that inappropriate or illegal conduct outside of Leadership Academy activities may lead to my dismissal from the program and that my registration fee will be forfeited.”**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PRINCIPAL'S AGREEMENT

**The Fremont Chamber will provide the names of applicants to participating schools. School Administrators will be notified and asked to review the applicants and to provide a signature agreeing to the each applicant's participation in the monthly sessions.**



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**PERSONAL REFERENCE FORM**

(FROM AN ADULT, NON-FAMILY MEMBER)

This section is to be completed by the Applicant:

Name of Applicant: \_\_\_\_\_  
First Middle Last

Name of Recommender: \_\_\_\_\_

\*\*\*\*\*The following section is to be completed by an adult, non-family member\*\*\*\*\*

TO THE RECOMMENDER: Please assess the applicant named above to help us determine this candidate's qualification for the Youth Leadership Academy. The contents of your statement will remain confidential. (Note: please return this form in a sealed envelope signed across the seal.)

How long have you known the applicant and in what capacity? \_\_\_\_\_

Please comment on each of the following characteristics of the applicant.

Initiative: \_\_\_\_\_

Attitude: \_\_\_\_\_

Leadership: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Recommender's Name (Please print or type) Date

\_\_\_\_\_  
Signature Daytime Phone Number

Please enclose this form in a sealed envelope, sign it across the seal and return this form to the applicant before **Thursday, April 16, 2020.**



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**SAFE ENVIRONMENT FORM**

**In the State of Nebraska, a child 18 years and younger is considered legally a minor. Parents of minors must provide the follow information prior to the child’s participation.**

**Child’s Name:** \_\_\_\_\_

**Parent Information**

**Father’s Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*City, State, and Zip Code*

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Can we text you if need be? Y N

Place of Employment: \_\_\_\_\_

**Mother’s Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*City, State, and Zip Code*

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Can we text you if need be? Y N

Place of Employment: \_\_\_\_\_

**Other Contact:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*City, State, and Zip Code*

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Safe Environment**

Child's School and Grade: \_\_\_\_\_

Allergies/Medications/Medical Conditions?: \_\_\_\_\_

Does your child have any special needs?: \_\_\_\_\_

Are there any circumstances in your child's life that should be brought to our attention?:

In case of an emergency, who may we contact should you be unavailable?

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*City, State, and Zip Code*

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*City, State, and Zip Code*

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Thank you for helping us provide a safe environment for  
Youth Leadership Academy students!**



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**PICTURE, VIDEO, QUOTES PERMISSION FORM**

I give my permission for the Fremont Area Chamber of Commerce to publish photographs, videos, and verbiage of \_\_\_\_\_ while participating in the Youth Leadership  
Child's Name

Academy program and/or activities. I understand that these photographs, videos, and verbiage may be used for brochures, presentations to parents, students and other interested groups, and for other public relation purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date