	Roane County Youth Leadership (RCYL)	Check Off Sheet and Consent Form
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The documents included (8 pages total) must be completed and turned in together and received no later than the deadline date of **February 15th** to be considered for the Roane County Youth Leadership Program. Your packet of documents may be mailed or taken to the Roane County Chamber of Commerce, Att: Youth Leadership (1209 N. Ky. St., Kingston, Tn. 37763) or scanned and emailed to roaneyouthleadership@gmail.com

Failure to turn in pages 2, 3, 5, 7 and 8 will disqualify a student. Read application carefully!

<u>Document Title</u>	<u>Check Off When Included</u>
Pages 1 & 2 Check Off Sheet <u>AND</u> Consent Form	_____
Page 3 Application	_____
Pages 4 & 5 Educator Reference Form	_____
Pages 6 & 7 Community Reference Form	_____
Pages 8 Principal Permission Form	_____
**A wallet size school photo or other head shot	_____

Requirements to complete the program include:

1. Attendance at the one week camp held during the summer, usually the first full week after current school year is over. (exact dates and time to be announced)
2. Attending 2 Roane County civic meetings (Ro. County Commission, Ro. Co. School Board or a City Council meeting) after summer camp but no later than November.
3. Attending after school sessions that will be held between September thru November. (exact dates and time to be announced)
4. Work with other RCYL participants to complete a community service project.

In order to graduate the RCYL program, the participant must be present at four of the five days of the camp, (Monday is mandatory) attend the civic meetings as well as all of the after school meetings. Graduation will occur in the fall.

Acknowledgement and Consents *(please check signifying agreement)*

- If selected, I commit to attending the summer camp, civic meetings, after school sessions, work on a community service project and attend the graduation.
- I understand that I will pay a participation fee of \$40.00
- I give my permission for my photograph to be used on the RCYL website, the Newspaper, in marketing related materials and/or on social media.

I certify that the answers given herein are true and that I am a high school student who will be in either the 10th, 11th or 12th grade in the upcoming/next academic year in Roane County, Tennessee.

I _____ the parent/legal guardian of _____
(Print Parent or Guardian Name) (Print Student Name)

have read the information regarding the Roane County Youth Leadership Program and am willing to have my child participate if selected. RCYL, and all their agents have my full permission and consent to transport my child by appropriate transportation in connection with all sessions of RCYL during the year in which he/she is a participant.

I hereby release, indemnify, and hold harmless RCYL, their agents or any individuals involved in the planning, organization or presentation of Roane County Youth Leadership for any accident, injury, illness, or damage whatsoever related to the above-mentioned student's participation in any activity or session of Roane County Youth Leadership.

Parent/Legal Guardian: (Print Name) _____

Parent Signature: _____ Date _____

Address Home Phone Work Phone

Student Name: (Print Name) _____

Student Signature: _____ Date _____

Students must also complete and sign top portion on pages 6 and 8.

Participants will be notified if accepted by March 31st.

KEEP A COPY OF PAGES 1 FOR REFERENCE AND AS A REMINDER OF YOUR REQUIREMENTS IF SELECTED. Return Pages 2, 3, 5, 7 and 8



REFERENCE FORM – School
(Teacher or Guidance Counselor)
Roane County Youth Leadership (RCYL)

TOP PORTION FOR THE STUDENT TO COMPLETE

Name _____
Last First School

As a courtesy to your reference, please make your request immediately upon getting this application. The comments will be held in strict confidence and will be used for RCYL selection purposes only. You are responsible for picking the form up from your reference and returning it with your application packet.

TO THE REFERENCE:

The person listed above is an applicant for the Roane County Youth Leadership Program. It is a program that gives area high school students a chance to enhance their knowledge of Roane County and develop leadership skills that will encourage and motivate them to become involved and committed to 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 acknowledges your help. Please type or print in the spaces provided.

Please return these two (2) reference form sheets **in a sealed envelope** to the student in time for her/him to submit their application due no later than **February 15**.
(or email them to roaneyouthleadership@gmail.com before 2/15)

***Thank you for your time and commitment to the continued growth and development
of the Youth in Roane County.***

REFERENCE FORM- SCHOOL
Teacher or Guidance Counselor

Name of Person Giving this Reference _____

Position/Title _____ School _____

Mailing Address _____

THIS REFERENCE IS FOR: _____

1. How long and in what capacity have you known the applicant? _____

2. What would you consider the applicant's primary talents or strength? _____

3. Comment on the applicants' potential to successfully complete the course (commitment, attendance, punctuality) _____

4. Comment on the applicant's relationship with his/her peers. _____

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

OTHER INFORMATION MAY BE INCLUDED ON REVERSE SIDE OF PAPER.

If you have any questions, please feel free to call the Roane County Chamber office regarding Roane County Youth Leadership program at (865) 376-5572 or email roaneyouthleadership@gmail.com



LEADERSHIP
ROANE COUNTY
YOUTH

REFERENCE FORM – **COMMUNITY**
Roane County Youth Leadership (RCYL)

TOP PORTION FOR THE STUDENT TO COMPLETE

Name _____
Last First School

As a courtesy to your reference, please make your immediately upon getting this application. The comments will be held in strict confidence and will be used for RCYL selection purposes only. You are responsible for picking the form up from your reference and returning it with your application packet.

TO THE REFERENCE:

The person listed above is an applicant for the Roane County Youth Leadership Program. It is a program that gives area high school students a chance to enhance their knowledge of Roane County and develop leadership skills that will encourage and motivate them to become involved and committed to 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 acknowledges your help. Please type or print in the spaces provided.

Please return these two (2) reference form sheets **in a sealed envelope** to the student in time for her/him to submit their application by the deadline of **February 15** (or email to roaneyouthleadership@gmail.com before 2/15)

Thank you for your time and commitment to the continued growth and development of the Youth in Roane County.

REFERENCE FORM- COMMUNITY

Name of Person Giving this Reference _____

Position/Title _____ Business/Religious Group/Organization _____

Mailing Address _____

THIS REFERENCE IS FOR: _____

1. How long and in what capacity have you known the applicant? _____

2. What would you consider the applicant's primary talents or strength? _____


3. Comment on the applicants' potential to successfully complete the course (commitment, attendance, punctuality) _____

4. Comment on the applicant's relationship with his/her peers. _____

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

OTHER INFORMATION MAY BE INCLUDED ON REVERSE SIDE OF PAPER.

If you have any questions, please feel free to call the Roane County Chamber regarding Roane County Youth Leadership program at (865) 376-5572 or email roaneyouthleadership@gmail.com

 <p>LEADERSHIP ROANE COUNTY YOUTH</p>	<p>Roane County Youth Leadership (RCYL)</p>	<p>Principal Consent/Recommendation</p>
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STUDENT NAME: _____

All applicants must have approval from their current school principal to participate in the Roane County Youth Leadership Program. Please request your principal to complete and sign below:

I support and approve of the participation of _____ as a participant in the Roane County Youth Leadership program. This student is in good standing academically, is a person of good character and will be a sophomore, junior or senior during the next school year.

Requirements to complete the program include:

1. Attendance at the one week camp held typically the 1st full week after the current school year ends. (exact dates and time to be announced)
2. Attending Roane County civic meetings after the camp but no later than November. (County Commission, City Council and/or School Board meetings.)
3. Attending after school sessions that will be held between September thru November. (exact dates and time to be announced)
4. Work with other RCYL participants to complete a community service project.

In order to graduate the program, the student must be present at four of the five days of the camp, (Monday is mandatory) attend two civic meetings, the three after school meetings and the graduation.

Name: _____

Position: _____

School: _____

Signature: _____

Date: _____

Please return this completed form to the student or it may be emailed to roaneyouthleadership@gmail.com

All documents must be received before the deadline of February 15th.

If you have questions, you may contact the Roane County Chamber regarding the Roane County Youth Leadership program at (865-376-5572) or email - roaneyouthleadership@gmail.com