



APPLICATION



We appreciate your interest in the Junior Leadership Southside program of the Danville Pittsylvania County Chamber Foundation in partnership with the Danville Pittsylvania County Chamber of Commerce.

The following information is designed to guide you through the application process.

- **Application**

Pages 2 through 4. Students — complete these pages in their own words.

- **Recommendations**

Pages 5 and 6. Distribute to 2 non-related adults who know you well. These forms should be submitted with your application in sealed envelopes signed across the flap.

- **Releases**

Pages 7 and 8. Student and parent/guardian should read these pages and provide signatures as requested. Forms must be returned with applications.

Your completed application is due on or before the end of business **May 17, 2010**.

You will receive notification of your acceptance status by June 4, 2010

Your application will not be considered without signed release forms and two recommendations in sealed envelopes!

Return completed applications and supporting documentation to:

Danville Pittsylvania County Chamber of Commerce

Post Office Box 99

Blairs, VA 24527

llawson@dpchamber.org 434.836.6990

CHECKLIST FOR SUCCESS:

- Application is legible
- Parent/guardian and I signed the release forms
- I will provide transportation for this program
- Sealed recommendation forms are enclosed
- I answered all questions thoroughly



APPLICATION

Personal *(please type or print)*

Full Name:

Preferred Name:

Home Address:

State: Zip: Home Phone:

Email:

Primary Contact (must be parent or guardian)

Full Name:

Home Address:

State: Zip: Home Phone:

Emergency phone:

Email:

Secondary Contact

Full Name:

Home Address:

State: Zip: Home Phone:

Emergency phone:

Email:

What grade will you be entering in the Fall of 2009?

What school will you be attending (or are you home schooled)?

Who will complete your recommendations?

Recommendation 1:

Full Name:

Phone

Email:

Relationship to you:

Recommendation 2:

Full Name:

Phone

Email:

Relationship to you:

How did you hear about this program?

Are you a male or female?

What is your date of birth?



APPLICATION

Instructions: The application review committee is interested in knowing you better. Please answer the questions that follow. While there is no “right” or “wrong” answer, your overall score will be affected by your ability to articulate your thoughts in a clear, well organized response. **You may attach one sheet per answer, if necessary.**

In 100 words or fewer, describe yourself. You may want to include personality characteristics, special interests, or career goals.

In 100 words or fewer, describe what you see as the number one issue or concern facing the youth of our community.

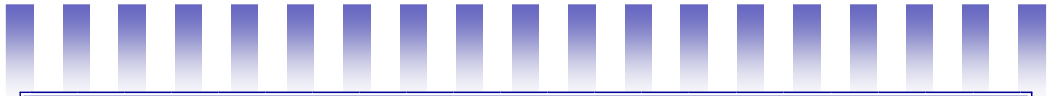
In 100 words or fewer, describe or define what makes a person a leader.



APPLICATION

Please list the activities you are involved with:

Organization/Group	Duration of your involvement	Leadership position you hold/ your time commitment for this activity
Example: Student Government	For the last two school years	Class president/ meet 1hr 1/wk after school



RECOMMENDATION

Complete this form on behalf of _____ and return it to that person in a sealed envelope with your signature across the seal. This applicant must submit his/her complete application on or before 5/3/2010. Applications will not be considered without proper letters of recommendation. Please visit www.dpchamber.org for a description of this program or call 836-6990 for details.

Personal *(please type or print)*
 Full Name:
 Home Address:
 State: Zip: Phone:
 Email:

What do you consider the applicant's primary talents or strengths?

What do you consider the applicant's greatest opportunity for improvement?

In a group setting, is the applicant typically a participant or observer?

For how long and in what capacity have you known this applicant?

Comment on the relationship this applicant has with peers.

Please compare the applicant with other people his/her age you have known. A "1" indicates SUPERIOR and a "5" indicates POOR:

Ability and willingness to show concern for others	1	2	3	4	5
Handles responsibility	1	2	3	4	5
Initiative	1	2	3	4	5
Ability to work with others	1	2	3	4	5
Interest in local community affairs	1	2	3	4	5
Persistent and driven	1	2	3	4	5

Signature _____ Date _____



RECOMMENDATION

Complete this form on behalf of _____ and return it to that person in a sealed envelope with your signature across the seal. This applicant must submit his/her complete application on or before 5/3/2010. Applications will not be considered without proper letters of recommendation. Please visit www.dpchamber.org for a description of this program or call 836-6990 for details.

<p>Personal <i>(please type or print)</i> Full Name: Home Address: State: Zip: Phone: Email:</p>	<p>What do you consider the applicant's primary talents or strengths?</p>
<p>For how long and in what capacity have you known this applicant?</p>	<p>What do you consider the applicant's greatest opportunity for improvement?</p>
<p>Comment on the relationship this applicant has with peers.</p>	<p>In a group setting, is the applicant typically a participant or observer?</p>

Please compare the applicant with other people his/her age you have known. A "1" indicates SUPERIOR and a "5" indicates POOR:

Ability and willingness to show concern for others	1	2	3	4	5
Handles responsibility	1	2	3	4	5
Initiative	1	2	3	4	5
Ability to work with others	1	2	3	4	5
Interest in local community affairs	1	2	3	4	5
Persistent and driven	1	2	3	4	5

Signature _____ **Date** _____



RELEASE FORM

This form needs to be read and signed by applicant's parent(s) and/or guardian(s). Please keep a copy for your records and submit a signed copy as part of your application.

By signing below you are giving consent to the participation of your son or daughter in the program and activities of Danville Pittsylvania County Chamber Foundation and Chamber of Commerce according to the following terms and conditions.

I am the parent or legal guardian of the student named below, and I fully approve and consent to my child's participation in Danville Pittsylvania County Chamber Foundation's Junior Leadership Southside and in all related activities. I understand that Danville Pittsylvania County Chamber Foundation and Chamber Commerce will supervise my child's participation in these activities, and I agree that I cannot hold Danville Pittsylvania County Chamber Foundation or Danville Pittsylvania County Chamber of Commerce responsible for any actions by my child or any damages or harm those actions cause to my child or others, and I agree to hold harmless and indemnify Danville Pittsylvania County Chamber Foundation and Danville Pittsylvania County Chamber of Commerce and any of its sponsors, board members, employees, agents, and volunteers for any liability sustained as the result of negligent, willful, or intentional acts of my child. I also release Danville Pittsylvania County Chamber Foundation and Danville Pittsylvania County Chamber of Commerce and any of its sponsors, board members, employees, agents, and volunteers from any liability which may be directly or indirectly incurred by my child as a result of or in connection with my child's participation in Danville Pittsylvania County Chamber Foundation and Chamber of Commerce and related activities.

I grant permission for my child to appear in person or in voice, video, or photographic presentation for radio, television, print, or Internet as it relates to these activities.

I have read and understand the participation policy and I accept the responsibility of providing transportation to/from program events for my child. I will express consent on every occasion I give someone else permission to transport my child to/from program events.

In the event Danville Pittsylvania County Chamber Foundation and Chamber of Commerce is unable to contact me or to secure my oral consent in the case of a medical emergency involving my child, I hereby give the Danville Pittsylvania County Chamber Foundation and Chamber of Commerce and its representatives permission to transport my child to a doctor or hospital and secure proper medical care and assistance for my child, including, but not limited to, hospitalization, treatment, medication, or x-rays. I further authorize any treating physician to use his or her discretion in providing emergency treatment. I agree to assume the responsibility for all medical bills for any treatment provided to my child and for any related expenses.

I have read the entire document. I understand it is a release of all claims. I understand that I assume all risks of injury involved in these activities and voluntarily sign my name.

SON/DAUGHTER'S NAME: _____

PARENT/GUARDIAN NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE _____ **WORK PHONE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____



PARTICIPATION AND FINANCIAL RESPONSIBILITY AGREEMENT

This form needs to be read and signed by applicant's parent(s) and/or guardian(s). Please keep a copy for your records and submit a signed copy as part of your application. **Applications are not complete without a parent/guardian signature.**

By signing below you are giving consent to the participation of your son or daughter in the program and activities of Danville Pittsylvania County Chamber Foundation and Danville Pittsylvania County Chamber of Commerce according to the following terms and conditions.

I am the parent or legal guardian of the student named below, and I fully approve and consent to my child's participation in Danville Pittsylvania County Chamber Foundation and Chamber of Commerce Junior Leadership Southside and in all related activities. I understand that my child will not satisfy the requirements of this program if he/she misses more than TWO sessions. In the event of an emergency or other extenuating circumstance, I will notify the Danville Pittsylvania County Chamber of Commerce.

PLEASE PRINT:

SON/DAUGHTER'S NAME _____

PARENT/GUARDIAN'S NAME _____

PROGRAM PARTICIPANT'S SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____

Please review, choose Option 1 or Option 2, and sign the applicable Financial Participation Agreement:

Option 1: I understand that participation in Junior Leadership Southside requires a tuition of \$ 195 which shall be the responsibility of the participating student and his or her parent or guardian. I understand that a nonrefundable fee of \$195 is due to the Chamber Foundation by June 2, 2010. Checks should be made out to the Danville Pittsylvania County Chamber Foundation. Payment Plan Options may be created, if necessary.

SON/DAUGHTER'S NAME _____

PARENT/GUARDIAN'S NAME _____

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____

Option 2: Limited financial assistance is available and will be distributed based on need. If accepted, I request scholarship assistance in the amount of _____ to defray the full tuition of \$195. **Please attach a statement demonstrating need.**

SON/DAUGHTER'S NAME _____

PARENT/GUARDIAN'S NAME _____

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____



ABOUT THE PROGRAM



Mission

Our mission is to give Danville and Pittsylvania County high school students that have the propensity and desire to be active citizens in the community exposure to opportunities available to become engaged community leaders. Also, we desire to stimulate an interest and desire in community involvement, as well as cultivate leadership skills among youth through personal and group interactions

Vision

Our vision is it to develop lifelong leadership skills among Danville and Pittsylvania County high school students that inspire them to become actively involved in their community, as well as to educate and retain young professionals to aid in the economic development of Danville and Pittsylvania County.

The Program

Junior Leadership Southside is an eight (8) month program that will provide leadership orientation and development to local rising high school sophomores, juniors, and seniors. The program will include eight (8) monthly programs ranging from 4-8 hours in length held on school holidays, after school, and on Saturdays.

Participants

Each class will include approximately twenty (20) rising sophomores, juniors, and seniors in Danville and Pittsylvania County schools. These participants will be selected based on applications and references submitted.

Attendance and Commitment

Due to the time requirement of participation in this program, participants and parents commitment is critical for program success. Participants are allowed only two (2) absences during the program year. Any participant that fails to attend at least six (6) of the eight (8) monthly sessions will not be allowed to graduate in April. Transportation to and from the program locations will be the responsibility of the participant.

Tuition

A tuition of \$195 is used to defray the expenses of monthly sessions. It may be paid by the participant or by a sponsor to the Danville Pittsylvania County Chamber Foundation. Limited financial assistance may be available upon request.

Application

Please contact the Danville Pittsylvania County Chamber of Commerce or visit our website at www.dpchamber.org if you would like an application. Please contact the Chamber if you would like to nominate an individual. Email: l Lawson@dpchamber.org or call: 434.836.6990.



PROGRAM SCHEDULE



JUNIOR LEADERSHIP SOUTHSIDE II 2010-2011 CALENDAR—
Session Locations and Times will vary. All Sessions will be held on School
Holidays, After School, or on Saturdays.

September 2010

Program Orientation, Administration of Myers Briggs Test, and Opening Reception

October 2010

Myers Briggs Presentation and Evaluation

November 2010

Leadership through Service and Leadership Styles

December 2010

How to Have a Positive Impact on Your Community

January 2011

Program: Entrepreneurial Panel; Decision Matrix Presentation

February 2011

Mission/Vision/Personal Goal Setting

March 2011

Ethical Decision Making

April 2011

Opportunities for YOU in This Community
Participant Presentations
Graduation Ceremony and Reception