

# YOUTH LEADERSHIP SOMERSET

c/o Somerset County Administrator's Office

P. O. Box 3000

Somerville, NJ 08876-1262

## YEAR 2010/2011 APPLICATION FORM

The goal of Youth Leadership Somerset is to create an active network of informed and concerned citizens to guide the future of their communities. Working and learning together, participants enhance their leadership skills while broadening their knowledge of community issues. Youth Leadership Somerset encourages people to become trustees of their communities and leadership resources as they work for the common good.

*Please complete this application form, using only the space available to answer each question. Provide one letter of reference. No attachments should be submitted other than the letter of recommendation. Email completed application to [mccall@co.somerset.nj.us](mailto:mccall@co.somerset.nj.us). Mail signed application and reference letter to the above address postmarked no later than May 15, 2010.*

Full Name: \_\_\_\_\_ I prefer being called \_\_\_\_\_

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email address of parent/guardian: \_\_\_\_\_

Employment history: \_\_\_\_\_

School presently attending: \_\_\_\_\_

Grade in Sept. 2010: \_\_\_\_\_ 8th \_\_\_\_\_ 11th  
\_\_\_\_\_ 9th \_\_\_\_\_ 12th  
\_\_\_\_\_ 10th

Demographic Data – Youth Leadership Somerset is an intentionally diverse program. Please help us ensure that we meet this mission by completing the following:

**How would you identify yourself?**

- |        |                 |        |                  |        |       |
|--------|-----------------|--------|------------------|--------|-------|
| 1 ____ | Latino/a        | 4 ____ | African American | 7 ____ | Other |
| 2 ____ | Native American | 5 ____ | Asian American   |        |       |
| 3 ____ | Caucasian       | 6 ____ | Multi-racial     |        |       |

**Gender:** \_\_\_\_ Female \_\_\_\_ Male

**Do you have any special needs?** \_\_\_\_\_  
\_\_\_\_\_

**How long have you lived in Somerset County?** \_\_\_\_\_

**Your School/Community Activities** (Please list in order of importance to you):

**Describe a difficult issue you have faced in the community or at school. How did you work to resolve it?**

**From *your perspective*, what are the two most critical issues facing *Somerset County teenagers* today? Clearly and fully indentify and describe the problem. Identify what you believe the solution to the issues is.**

**From *your perspective*, what do you believe is the most significant issue facing *Somerset County residents* today? Clearly and fully indentify and describe the problem. Identify what you believe the solution to the issues is.**

***Please complete the following statement:***

**In ten years, I would like to give back to my community by**

**What is your proudest accomplishment and why?**

**Describe what a leader is:**

**Please provide one letter of reference with this application.**

**Commitment**

Youth Leadership Somerset's program of nine sessions takes place one Saturday of each month from September through May. Each session is approximately 4-6 hours long. Trips to various facilities will be a regular part of the program. Lunch will be provided. Youth Leadership participants are expected to attend all seminars. To graduate, participants may miss no more than one session. Attendance of the first session is mandatory. Candidates should have the support and commitment of their parent(s) or guardian(s).

I understand the requirements of Youth Leadership Somerset. I will devote the time to complete the program. Participation in Leadership activities after the seminar year is encouraged. I have the support and consent of my parent(s) or guardian(s).

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Candidate's signature

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Parent(s) or Guardian(s) Signature(s)