



Engage, Empower, and Educate

iLEAD Leadership Application

Please **complete form** and **return it** with your signature to the iLEAD supervisor Khrista Beliles at Chances And Services for Youth (1101 S. 13th St. Terre Haute, IN 47802) by **August 25th, 2017**.

APPLICANT INFORMATION

Personal Information

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Demographic Information

Date of Birth: _____ **Age:** _____ **Gender:** Male Female

Race: _____ **Ethnicity:** _____ **Grade:** 6th 7th 8th 9th

Middle School: West Vigo Sarah Scott Woodrow Wilson Otter Creek Honey Creek St. Patricks

T-shirt Size: YM YL S M L XL XXL

Meeting Dates

Below are days and times that iLEAD will be meeting for the 2016 – 2017 School Year. The meetings will occur on the 1st and 3rd Tuesday of each month and run from 5:00 pm to 6:30 pm in the large conference room.

Fall 2017	Spring 2018
<p style="text-align: center;"> <i>September 5th</i> <i>September 19th</i> <i>October 3rd</i> <i>October 17th</i> <i>November 7th</i> <i>December 5th</i> <i>December 19th</i> </p>	<p style="text-align: center;"> <i>January 16th</i> <i>February 6th</i> <i>February 20th</i> <i>March 6th</i> <i>March 13th (Kick Butts Day)</i> <i>April 3rd</i> <i>April 17th</i> <i>May 1st</i> </p>



GENERAL QUESTIONS

1. Why do you want to be part of the iLEAD Leadership Team?
2. What personal qualities do you possess which would make you a qualified iLEAD member?
3. What do you see as your own personal strengths (give examples)?
4. What do you see as your own personal weaknesses (give examples)?
5. Name the qualities of someone who has been a positive role model in your life and why.
6. Tell us about your extra-curriculars, family and interests and how these areas could enhance your leadership capabilities.
7. What are some different topics you would like to see discussed in the iLEAD program?

PARENT/GUARDIAN INFORMATION

Parent/Guardian(s) listed below will be authorized to pick up the iLEAD member, unless otherwise noted.

(1) Guardian Name: _____

(2) Guardian Name: _____

Relationship: _____

Relationship: _____

Mailing Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____

Place of Employment: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

E-mail: _____

E-mail: _____

PARENT CONSENT

I give my son/daughter _____, permission to apply for the iLEAD Leadership Team. I understand this program will require commitment and additional responsibilities for both myself and child.

By initialing here, I certify that all items contained in this form are accurate: _____

Parent Signature

Date

PHOTO/MEDIA RELEASE

Your child/youth may be photographed, audio or videotaped for the purposes of promoting and publicizing this after-school program. By allowing your child to be photographed, you waive all rights to the photographs, audio and video tapes in which your child appears. The photograph, audio or video tape may be used whole, in part, or in composite as the program sees fit in publication of education material, the advertising thereof, for any other lawful purpose. Please check one of the following and sign below:

_____ My child does have permission for photographs to be used in future promotions or informational packages put together by the CASY staff.

_____ My child does **NOT** have permission for photographs to be used in future promotions or informational packages put together by the CASY staff.



RECOMMENDATIONS

Dear Recommendation Recipient,

Chances And Services for Youth selection committee would like your help to screen applicants for the iLEAD Leadership Team. We are looking for students (grades 6, 7 and 8) best suited to be positive role models throughout the community and their schools. In order to make appropriate and qualified selections, we are requiring three recommendations: (2) Teacher and one of the child's choosing. Please feel free to add any additional comments that you think would be helpful. Once completed please return forms to child in sealed envelope or fax to Khrista Beliles (812)234-0711 or e-mail to kbeliles@casyonline.org. Thank you for your time and assistance.

Student Name: _____

Please use the following scale to evaluate the child and circle the best choice.

5	4	3	2	1	0
Outstanding	Excellent	Very Good	Good (Average)	Below Average, needs improvement	No opportunity to observe, cannot rate.

Responsibility	5	4	3	2	1	0
Peer Interaction	5	4	3	2	1	0
Leadership	5	4	3	2	1	0
Openness to new ideas	5	4	3	2	1	0
Sincerity	5	4	3	2	1	0
Empathy towards others	5	4	3	2	1	0
Respect for self and others	5	4	3	2	1	0
Attitude	5	4	3	2	1	0
Attendance	5	4	3	2	1	0
Since of commitment	5	4	3	2	1	0

Additional Comment:

Recommendation Signature: _____ Date: _____

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