

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 extracurriculars, 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 child _____, permission to apply for the iLEAD Leadership Team.

I understand this program will require commitment and additional responsibilities for both myself and child. I acknowledge that participants in the iLead Youth Leadership program may be photographed or recorded for the purpose of promoting CASY programs through use of educational material, advertising, social media, or lawful purpose.

Parent Signature

Date