

BUILDING TODAY'S LEADERS. CLASS OF 2025 APPLICATION



PROGRAM GOALS

- √ To allow rising high school juniors and seniors to explore career possibilities within our community.
- ✓ Give young people the knowledge, tools, and contacts to create successful leaders.
- √ Immerse young leaders into Sarasota's businesses, organizations, and every aspect of the community.
- ✓ Provide participants a chance to serve their community.
- ✓ Present young leaders with a rewarding and fun experience, all which they earn community service hours for.

For more information, please reach out to Pete Bartosik at pbartosik@sarasotachamber.com.

SEPTEMBER 21

Orientation
9:00 AM - 12:00 PM



остовек **15**

Program Day 1

12:30 PM - 4:30 PM



november 12

Program Day 2

(12:30 PM - 4:30 PM)



10

Program Day 3

(12:30 PM - 4:30 PM)



JANUARY

14

Program Day 4

(12:30 PM - 4:30 PM)



february ${f 11}$

Program Day 5

12:30 PM - 4:30 PM



12

Leadership Connections Night

4:00 PM - 6:00 PM



APRIL 8

Program Day 6

12:30 PM - 4:30 PM



12

Community Service Day

8:00 AM - 12:00 PM



8

Graduation

5:00 PM



APPLICATION CHECKLIST

Please type or print. Only completed applications will be considered and must include:

- 1. Applicant's Submittal. Fill out completely, including the back page.
- 2. Guardian's Waiver. Have this completed by your parent or guardian and include it with your completed application.

I understand that I must complete the Applicant's Submittal portion of this by myself, and state that no one else has completed the application on my behalf. \Box **Yes** \Box **No**

REQUIREMENTS OF THE PROGRAM

Attendance of all sessions listed on the Program Schedule on page 1 is required of each student. Participants must fully participate in the Welcome Orientation on Saturday, September 21st, 2024, from 9:00 a.m. to noon, Connections Night on Wednesday, March 12th, 2025, from 4:00 p.m. to 6:00 p.m., and Community Service Day on Saturday, April 12th, 8:00 am - 12:00 pm as a requirement to graduate. Students who miss more than two of the remaining scheduled program days or events will be dismissed from the program without the opportunity to graduate. Please note that for quality purposes of the program and to provide the best experience for the class, absences are not identified as excused or unexcused. We understand that unforeseen circumstances sometimes occur. However, Youth may miss no more than two program days or events and must attend both the Welcome Orientation and Community Service Day, to successfully graduate from the program.

I have compared my schedule with the Program Schedule on page 1 and agree, if I am selected, to commit to attending every one of the program sessions absent extraordinary circumstances. I understand if I miss Orientation or Community Service Day or more than two other program days or events listed, I will not graduate from the Program and will not receive a tuition refund.

□ Yes	□ No					
Shirt:	□ Men's	□ Women's	Size:			
toe sho	es to each	of the activities		otherwise, out of	, khaki or black p f respect for the p ip flops.	
		•			tions for site visit ride the bus with	
leaders	and the pa	articipants. <u>If La</u>	m selected, I will	<u>have an active e</u>	nunication between mail account that for informational	I will check daily
unders group" particip	tand that th social med ants and th	ie adult prograr lia site, (such as	n coordinators m Facebook), to fac	ay choose to util cilitate communi	lize an adult-mon	itored, "closed ination among the
 Signature	e of Applicant			-		
Signature	e of Parent or	 Guardian		-		

All applications will be reviewed in confidence, and only completed applications will be considered. Participants will be selected solely based on information provided in this confidential application and references. All applicants will be notified in writing of the selection committee's decision.

Email completed application by June 1st, 2024 to: PBARTOSIK@SARASOTACHAMBER.COM

PERSONAL INFORMATION

Name (Last, First)	Preferred Name	Gender
Home Address	City	Zip Code
Cell Phone	Email	
Birth Date	School	
ARENT/GUARDIAN INFORMATIO	N	
Name	Email	
Phone		
1. Using a few phrases or adjectives, de	escribe yourself (personality, character, et	tc.)
2. Briefly describe two of the most sign	ificant problems facing Sarasota County.	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3. Give a possible solution to one of the	e problems you listed.	

4.	How do you believe you can contribute to improving this community?
5.	What are your long-term goals? (Please include any education plans or career interests).
6.	Other than your parents, who do you most admire and why?
<u> </u>	Carlet and your parents, who do you most damine and why.
7.	What qualifications make an effective leader?
••••	••••••
SCHO	OL EXPERIENCE
Other so	chools attended:
	to three special awards, honors, or recognitions you have received from the 7 th through 10 th grades for
academ	ic or community-related activities.
Main are	eas of interest in studies:

ORGANIZATIONS AND ACTIVITIES

Please list in order of importance t groups in which you have participa		olunteer, social, athletic, artistic, or other activities or ars:
ORGANIZATION/ACTIVITY	GRADE IN SCHOOL	LEADERSHIP RESPONSIBILITY OR INVOLVEMENT
1		
2		
3		
WORK EXPERIENCE		
List any part-time job experience y	ou have, paid or volunteer,	and briefly tell what is involved.
Do you currently have a part-time	job? □ Yes □ No	If Yes, how many hours a week?
Would your job interfere with your	r attendance at Youth Leade	ership Sarasota? 🗆 Yes 🗆 No
ADULT REFERENCE (Non-F	Relative)	
ADOLI KLI LKLIVEL (NOI)	· · · · · · · · · · · · · · · · · · ·	
Name	Email	
Phone		
۸ (۲۵ (۲۰۰۱)		
		uth Leadership Sarasota Program, which SEND FEE WITH THIS APPLICATION!
Financial assistance will be ava fee. Please indicate whether yo		ot participate in the program due to the \$175 al assistance.
I would like to be considered fo ☐ Yes ☐ No	or financial assistance to l	help with the program fee:
Do you need help with transpo ☐ Yes ☐ No	ortation?	

GUARDIAN'S WAIVER AUTHORIZATION AND RELEASE

I, the undersigned, am the parent or guardian of	, a high school
Student. (Print Name of Y	outh)
I understand that if my child is selected as a participant in the Youth Leader which is sponsored by the Greater Sarasota Chamber of Commerce ("GSC for my child's participation in the program, which will require my child to a GSCC that will start and end at a variety of different locations in Sarasota a high-quality program, it is necessary to travel to various places during the that for some events, my child may be transported on buses or other vehical authorize GSCC to include my child in such transportation arrangements. must ride the bus or GSCC-provided transportation with their classmates not allowed to drive themselves or ride with anyone else.	CC"), I will give my approval attend events organized by County. I understand that for ne Youth Days. I understand cles arranged by GSCC, and I <u>lunderstand that all Youth</u>
I understand that participants in the program may be photographed or viouse of any photographs or video of my child in conjunction with GSCC.	deotaped. I authorize the
I further understand that email is the primary method of communication be and the participants. If my child is selected, he or she will have an active edaily for communication about the program. I understand that as the participant in the program, I will also provide my email address for communication and will assist my child in managing communication and not	email account that is checked ent or guardian of a unication with the program
I understand that the adult program coordinators may choose to utilize ar group" social media site, (such as Facebook), to facilitate communication participants. Only confirmed class members and approved adult coordin view and comment upon information on any such site and all such informativate to the members of the group. I understand that participating in suffor participation in the program, but that doing so may assist my child in formulating information with respect to the program.	and coordination among the ators will be authorized to ation will otherwise be uch a site is not a requirement
My child has no special physical or medical condition that would make his program inappropriate. I agree that GSCC shall not be responsible for arby my child as a result of his or her participation in the program, including during travel to and from program events.	ny injury or illness sustained
On behalf of myself, my child, and any other parent or guardian of my chi indemnify GSCC from liability for any claims, suits, or expenses resulting f sustained by my child, or any damage or loss to property in the possessio my child's participation in the program. This Authorization and Release is its officers, directors, members, and agents.	rom any injury or illness on of my child, arising out of
I have read and understand the provisions of this Authorization and R	Release.
Date Signature of Parent or Guardian	

Print Name of Parent of Guardian