



### 2011 APPLICATION

The following biographical information is requested from all applicants. This program is for high school sophomores, juniors and seniors. Please print the information and attach additional sheets if needed for the essay portion. Please forward applications to the Greater Miami Chamber of Commerce, 1601 Biscayne Boulevard, Miami, FL 33132, Attn: Youth Leadership Miami.

Please include a passport-size headshot photograph as a separate file. It will be used in the class yearbook, so quality is important.  
**Minimum resolution: 300 dpi, JPEG format.**

### SCHOOL SECTION

Student Name \_\_\_\_\_  
School \_\_\_\_\_  
Grade \_\_\_\_\_ Principal's Name \_\_\_\_\_  
Counselor's Name \_\_\_\_\_ E-mail \_\_\_\_\_  
School Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

### PERSONAL SECTION

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Home Language \_\_\_\_\_  
How long have you lived in South Florida? \_\_\_\_\_

Please check (✓) the appropriate information:     Male                     Female  
 American Indian                     Asian/Pacific Islander                     Black/African American                     Hispanic/Latino/Spanish  
 White                     Other \_\_\_\_\_

Hobbies/Special Interest \_\_\_\_\_  
\_\_\_\_\_

Do you require special needs? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

### ORGANIZATIONS & ACTIVITIES SECTION

List in order of importance to you, any school, civic, community, political, professional, religious or other organization in which you are currently or have recently been involved.

<i>Organization</i>	<i>Membership Dates</i>	<i>Position Held</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you hold a leadership role within one of the organizations listed? If so, describe how you demonstrated leadership.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COMMUNITY ISSUES

In your opinion, what are the most pressing issues facing Miami-Dade County today and what would you propose in order to address one of these problems? \_\_\_\_\_

In your opinion, what are the most pressing concerns affecting today's youth and what would you propose in order to address one of these concerns? \_\_\_\_\_

What specific skills/knowledge do you hope to gain as a participant? \_\_\_\_\_

What contributions do you feel you could make to your community? \_\_\_\_\_

■ **In your own, unique way, tell us/show us "What Miami Means to Me."**  
*(Acceptable formats: essays, audio/video tape, web page, scrapbook, artistic display, etc.)*

## PARENTAL APPROVAL

Parent/Guardian Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact (please list the name(s) of someone that can be contacted in case you cannot be reached, relation to student, and telephones) \_\_\_\_\_

I/We (parent/guardian) allow our child, \_\_\_\_\_, a student at \_\_\_\_\_, to participate in the Youth Leadership Miami Program. I/We will make every effort to insure that he/she attends both days by providing transportation to and from the sessions. I/We also agree to indemnify and hold harmless the Greater Miami Chamber of Commerce, Leadership Miami, participating schools, and their respective officers, directors, trustees, employees, representatives, agents, successors, and assignees, from any and all claims and liabilities of my child, myself, or anyone else may have injuries, illness or other damages whatsoever, including, without limitation, injuries to my child, myself and/or property, arising out of our incident to my child's participation in Youth Leadership Miami.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE SIGNED

## GENERAL INFORMATION

This program will require your attendance both days. You are fully aware of the time commitment that will be required as a participant in this program and will abide by those requirements and fully participate in the program to the best of your abilities.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF APPLICANT

*All applicants are subject to a confidential evaluation.  
All applicants will be notified in writing whether or not they have been selected.*



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