



Strongsville Youth Commission Youth Application 2011–2012

NOTE: Please check the list to be sure you have completed the application requirements. Please sign and return with the application.

Applicant Name: _____ School: _____ Grade in 11-12: _____
Address: _____ Zip: _____ Phone H: _____
E-mail: _____ Age: _____ Phone C: _____
Parent(s) name: _____ Parent e-mail _____ Parent Cell: _____

Basic Qualifications

- ___ Must be in the 10-12th grade in the 2011-12 school year.
- ___ Live or reside in Strongsville, Ohio
- ___ Committed to attending monthly SYC meetings and leading activities
- ___ Committed to attending the SYC overnight leadership retreat July 29-31 2011
- ___ \$30.00 Check made payable to City of Strongsville for Leadership Training Resources
- ___ Send e-mail to Dobie Moser (dobiemoser@gmail.com) from a working, frequently check e-mail address to inform him your application is completed and has been turned into the Recreation Center.

Application Guidelines

- ___ Submit two (2) letters of recommendation from an academic advisor, teacher, mentor, coach and/or counselor. Please include reference's name, contact information (address, city, state and zip code), phone number and email address if available.
 - Please refrain from submitting references from family members or extended family.
- ___ Submit a short answer for each of the following
 - On a separate sheet as an attachment, please respond to the following questions, limiting your answers to no more than one-half page for each question.
 - Please share why you should be chosen to participate in the SYC (specific skills/ talents etc)
 - What do you hope to gain from your SYC experience?
 - How do you expect to utilize your SYC experience?
 - What do you see as the greatest needs of adolescents in our community?
- ___ Identify two situations where you exhibited leadership and explain.
- ___ Please describe any present and past volunteerism, community and/or religious involvement. Include name of organization(s), position(s) you have held, your responsibilities, duration of the position, and the name of your immediate supervisor(s).
- ___ Please list current activities/involvements, including job experiences.

Applicant's Signature

Printed Name

Date

Parent/Guardian's Signature

Printed Name

Date

Do you have a parent who is open to serving as a Mentor with SYC for 2011– 2012? YES NO

APPLICATION DUE June 3, 2011 by 9:00 p.m. Late applications will not be considered.

Return applications to Kristen Nykiel, Strongsville Recreation Complex,
18100 Royalton Road, Strongsville, Ohio 44136

440-580-3260 extension 5281. You will be notified regarding your application by June 17, 2011.