Strongsville Youth Commission
Youth Application 2009—2010

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 O9-10: _____

Address:_____Zip:_____Phone H- _____

E-mail:_____ Age:_____Phone C -_____

Basic Qualifications

___ Must be in the 10-12th grade in the 2009-10 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 24-26, 2009

___ Send e-mail to Joe Uher (uherj@wowway.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 2009 – 2010? YES NO

APPLICATION DUE <u>June 5, 2009 by 9:00 p.m. Late applications will not be considered.</u>
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 19, 2009.