



YOUTH LEADERSHIP ST. JOHNS

INFORMATION FOR HIGH SCHOOL SOPHOMORE APPLICANTS Review the following information before completing your application form.

MISSION

The Mission of Youth Leadership St. Johns (YLSJ) is to develop a corps of informed, committed and qualified young people capable of providing dynamic leadership in their schools, careers and communities as they mature into adulthood.

COMMITMENT

- Students in the Youth Leadership St. Johns program must commit to a high standard of attendance and participation in the retreat and program sessions. Note the dates on the program calendar. Being absent for more than 8 unexcused hours will result in dismissal from the program.
- **Please be sure that you DO NOT have any conflicts with the program calendar before applying.** The St. Johns County School District gives Youth Leadership St. Johns students excused absences for all activities.
- **If you plan to dual enroll at St. Johns River State College, please do not apply to this program** as the college will not give excused absences for program days.
- Students must complete at least 20 hours of community service between May 17, 2018 & March 18, 2019 and provide proof of hours served by March 18, 2019.

ELIGIBILITY

- St. Johns County resident.
- Apply in the high school sophomore year for participation the junior year. (We will consider one student who is home schooled or attending private school outside of St. Johns County)
- Have a minimum of a 2.0 unweighted cumulative grade point average at the time of application, which must be maintained during the program. (Students will receive excused absences for missed school days).
- Demonstrate a high standard of character and behavior and interest &/or leadership skills in extracurricular activities.
- Have an interest in learning about community issues and ways to lend leadership to them.
- Must be capable of extensive independent walking and physical activity.

APPLICANT CHECK LIST

- Submit your application no later than March 8th, 2018. **Applications are available Online at <http://www.flaglerhospital.org/YLSJ>.**
- Fill out the application form completely. All signatures are required.
- Mail or drop off your completed application to Youth Leadership St. Johns, Flagler Hospital, 301 Health Park Blvd., Suite 112, St. Augustine, Florida, 32086.
- **ALL APPLICATIONS ARE DUE TO FLAGLER HOSPITAL, PATIENT ENGAGEMENT DEPT. BY March 8, 2018.**

SELECTION PROCESS

- All applications will remain confidential. The YLSJ Selection Team will review the applications and select the finalists.
- Finalists will be interviewed.
- 23 participants will be selected (3 from each public school, 2 from St. Joseph Academy, 1 from FSDB, 1 from St. Johns Technical Institute. and 1 other student who is home-schooled or attending private school outside the county.
- All applicants will be notified in writing of the Selection Team's decision.

TUITION AND SCHOLARSHIPS

If selected the cost per participant is \$100.00 (payable to Flagler Hospital by May 17, 2018). This fee is non-refundable. **If payment is not received by this date, an alternate will be selected in your place.** Scholarship information is available upon request. No one is denied participation due to an inability to pay. For more information please contact Francesco Manfredi at (904) 819-4239 or francesco.manfredi@flaglerhospital.org.



YOUTH LEADERSHIP
ST. JOHNS
a program of Flagler Hospital St. Augustine

PROGRAM CALENDAR FOR 2018 - 2019 updated 1/2/18

Please be sure you do not have any conflicts with the program calendar before applying.

YLSJ Orientation

Thursday, May 17, 2018, 6:30 – 7:30 pm

For all participants, alternates and their guardians

Opening Retreat at Camp Montgomery, Keystone Heights, FL

Saturday - Sunday, September 2018(Full Weekend)

Get acquainted and learn “what makes a leader.” Includes team building & personality profile assessments.

Business Day

Wednesday, October 3, 2018, 7:30 am – 3:30 pm (only program day starting at 7:30 am)

Tour area businesses and industries and learn what it takes to be an entrepreneur.

Social Services Day

Tuesday, November 13, 2018, 8:00 am – 3:30 pm

Familiarize yourself with the social service agencies in our county.

Arts & Culture Day

Thursday, December 6, 2018, 8:00 am – 3:30 pm

Visit cultural and recreational sites in St. Augustine.

Government & Law Day

Wednesday January 16, 2019, 8:00 am – 3:30 pm

Learn about state and local government and the justice system.

Education & Healthcare Day

Tuesday, February 5, 2019, 8:00 am – 3:30 pm

Learn about healthcare and post-secondary education options in our county.

Monday, March 18, 2019, 8:00 am – 3:30 pm

Environmental Awareness Day

Learn about the natural environment of our county & issues involved in protecting it.

Graduation

Sunday, April 14, 2019, 3:30 – 4:30 pm

Graduation celebration with class members and their parent/guardians.

Excused absences will be granted for each school day session attended.

- Students are responsible for their own transportation to and from the assembly point. Transportation during each session will be provided. The pick-up location is always the same as the drop-off location.
- Adult chaperones will always be present 30-minutes before the beginning of each program day.
- Always wear your YLSJ shirts, nametags, comfortable walking shoes and khaki slacks, capris or skirts. (No shorts or flip flops please.) Air conditioned buildings can get cold, so consider bringing a sweater. Be prepared for rain.
- If you get lost, you can call Francesco Manfredi (904-347-1510) for directions.



YOUTH LEADERSHIP
ST. JOHNS

High School

Date

APPLICATION FORM

All applicants and school officials will be notified in writing of the selection committee's decision.
Please return application to: Youth Leadership St. Johns, Flagler Hospital,
301 Health Park Blvd., Suite 112, St. Augustine, FL, 32086

It is preferred that you download this form, save to your computer, type in the blanks, and print to sign on signature lines. However if this is for some reason not possible, PLEASE PRINT WITH BLACK INK.

Personal Information

Name (Last) _____ (First) _____ (Middle) _____

Name you prefer to be called _____ E-mail _____

Parent's E-mail _____ Home Address _____

City _____ Zip Code _____ US Citizen Y/N _____

Home Phone (_____) _____ Cell Phone (_____) _____

Date of Birth _____ Sex M/F _____ Year in School _____

Dietary Restrictions (i.e. Vegetarian) _____ (Must be high school sophomore to submit application)

T-Shirt Size (Polo style): XL L M S Shirt Style: Men's Women's

Recognitions

List awards, honors or recognitions for school or community-related activities you have received over the last two years (use space below only).

Organizations and Activities

Please list (in order of importance to you) up to five school, volunteer, religious, social, athletic or other activities or organizations in which you have participated during the last two years. Include any leadership roles in those organizations.

1. _____
2. _____
3. _____
4. _____
5. _____

3 - Application Form

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Work Experiences

List any job experiences, paid or volunteer, and briefly tell what they involved.

Do you currently have a part-time job? _____

If selected, can you work around the Youth Leadership schedule (see schedule attached)? _____

General Information

1. What would you like to tell us about yourself? _____

2. Who is your hero or heroine? _____

3. What qualities do you admire in others? _____

4. What are your leisure time activities? _____

5. Why do you want to participate in Youth Leadership St. Johns? _____

6. Which session listed on the program calendar interests you most? Why? _____

7. How did you find out about YLSJ? _____

4 - Application Form

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ESSAY TOPIC: "Community Needs and Issues Important to Me." As an example, if you could change anything in your community, what would it be and why?

Please respond to the question in 100 words or less. (Use space below only.)

Student Attendance Commitment

Full attendance by each participant is essential in the Youth Leadership St. Johns Program to meet its objectives. I have read the program calendar dates on the enclosed information sheet. If selected, I commit to attend the orientation, the retreat, each of the program days, the community service hours and the graduation ceremony. I understand that by having more than 8 hours of absence not excused by the YLSJ Program Head will result in dismissal from the program.

Signature of Applicant _____ **Date** _____

Parental Permissions (Please initial each line and sign at the bottom)

I am the parent or guardian of the above named student.

_____ I understand the time commitment of YLSJ and that my child will receive an excused absence for school days missed. My child will not miss more than 8 hours of YLSJ without approval from the YLSJ Program Head. If my child misses more than 8 hours, it will result in the dismissal of him/her from the program.

_____ Youth Leadership St. Johns has my full permission and consent to transport my child by public bus service, private automobile, vans or other appropriate means of transportation in connection with all sessions of Youth Leadership St. Johns during the school year in which he or she is a participant in Youth Leadership St. Johns.

5 - Application Form

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_____ I give YLSJ a Program of Flagler Hospital the right to take my photo/video at all of the Youth Leadership (YLSJ) events, program days, etc. These images will be used to advertise YLSJ a Program of Flagler Hospital in promotional material in print, video, social media, online media, etc.

_____ I hereby release and hold harmless Youth Leadership St. Johns staff and volunteers, its members, agents, employees or volunteers, for any accident, injury, illness or any damage related to the above-mentioned student's attendance at, or participation in, any activity or session of Youth Leadership St. Johns.

Signature of Parent or Legal Guardian _____ **Date** _____

*Please complete and sign medical information form on reverse as well.

School Approval of Grades and Character

All applicants must have verification of their 2.0 unweighted cumulative grade point average and approval from a school official that the student has demonstrated a high standard of character and behavior. The school official must also acknowledge that the student will attend all program sessions of Youth Leadership St. Johns. Please have your school official (principal, dean or guidance counselor) sign below. The St. Johns County School District will allow excused absences from all school and related activities for the program days that fall on school days.

I APPROVE OF THE PARTICIPATION OF _____ IN THE YOUTH LEADERSHIP ST. JOHNS PROGRAM BASED ON THE ABOVE CRITERIA. SCHOOL ATTENDANCE CREDIT WILL BE GRANTED FOR EACH SCHOOL DAY SESSION ATTENDED.

Signature of School Official _____ **Title** _____

School Name _____ **Date** _____

6 - Application Form

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Medical Information

So far, we have never had a YLSJ student injured on a program day to the point of needing medical attention. However, in case of an emergency, when we might not be able to reach you immediately, we would like the information below to be able to provide your child with the best and quickest medical aid possible.

Name of Student _____
School _____

Emergency Contact Information #1

Name _____
Relationship to Student _____
Cell Phone _____
Home Phone _____
Work Phone _____
Email _____

Emergency Contact Information #2

Name _____
Relationship to Student _____
Cell Phone _____
Home Phone _____
Work Phone _____
Email _____

Medical Insurance Company Name _____
Group Number _____
Member Number _____
Name of Member _____

Allergies to Medication _____
Allergies Otherwise _____

Medical conditions, physical limitations or diet restrictions (including vegetarian, vegan, or other preferences) of which we should be aware: _____

My signature indicates that the information above is true to the best of my knowledge. I give permission for Youth Leadership St. Johns staff and volunteers to obtain emergency medical treatment for my child, if needed, knowing they will do everything in their control to reach me immediately before any medical treatment takes place. Should they not be able to reach me and should delay in treatment be detrimental to my child's health, my signature gives permission for them to move forward with medical treatment to keep my child in stable condition until a parent/legal guardian is contacted.

Signature of Parent/Legal Guardian _____ Date _____

Printed Name of Parent/Legal Guardian _____

7 - Application Form

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