



Leadership Ocala/Marion Youth Class XXX
Application Deadline: Friday March 9, 2018 by 5 pm

Please submit via email (preferred), mail or hand delivery

Email: Andrea@OcalaCEP.com

Mail/Hand Delivery: Ocala/Marion County Chamber & Economic Partnership
Attention: LOMY Program
310 SE Third Street, Ocala, FL 34471

Confidential Application Form

Leadership Ocala/Marion Youth (LOMY) is a nine-month program, offered by the Ocala/Marion Chamber & Economic Partnership, designed to *educate* and *prepare* high school juniors for leadership positions through hands-on learning experiences and an expanded knowledge of state and local resources and issues. **Leadership participants come from diverse backgrounds and varied perspectives, yet through their experiences, lasting friendships are formed and they become a blended group of future leaders.**

PARTICIPANTS

Approximately thirty-five high school sophomores representing Marion County’s public and private high schools will be selected by the Leadership Ocala/Marion Youth (LOMY) Board of Regents to participate in LOMY the following school year. The board of regents will conduct final interviews and make the selection of participants.

ADMISSION REQUIREMENTS

- Is willing to commit the required time to the LOMY program
- Has parent/guardian and principal’s consent
- Arrange transportation to and from designated meeting sites
- Non-refundable Tuition cost of \$175.00**

GRADUATION REQUIREMENTS

- Attend three mandatory sessions which are Orientation, ROPES and SIMSOC. More than **two absences** of sessions will result in termination from the program.
- Being on time is a sign of a good leader. Your second tardy may result in an absence.

PROGRAM SESSIONS

*Indicates Mandatory Sessions

- Orientation*
- Ropes*
- Positive Leadership
- SIMSOC*
- Agriculture
- Environment
- Justice
- Healthcare
- Government/History
- Culture
- Community Service
- Entrepreneurship
- Public Safety
- Education
- Graduation

****A limited number of partial scholarships are available for students in need of financial assistance.**

PERSONAL INFORMATION

Legal Name:

Student email:

Home Address:

Home Phone:

City/State/Zip:

Cell phone, if applicable:

Name of Parent/ Guardian:

Parent phone:

Adult Shirt Size:

Parent email:

SCHOOL EXPERIENCE

Weighted GPA:

Unweighted GPA:

Student Activity Director's name:

School Attending:

ORGANIZATIONS & ACTIVITIES

In order of importance to you, please list up to five school, volunteer, religious, athletic, or other activities/organizations in which you have participated during high school.

ACTIVITY/ORGANIZATION	DURING WHAT GRADE(S)?	LEADERSHIP RESPONSIBILITY/INVOLVEMENT
1.		
2.		
3.		
4.		
5.		

List any special awards, honors or recognitions for academic, school or community-related activities you have received during high school:

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GENERAL INFORMATION

Please attach to your application a separate sheet with your answers to the following questions:

1. Describe yourself including your character, strengths, weaknesses, hobbies, etc.
2. What qualities do you have that make you a potential leader?
3. LOMY is a very competitive program. Why do you *need* to be a Leadership participant and what makes you stand out from the other applicants?

REFERENCE

Other than a parent or relative, please list one adult reference that knows you well.

Name:

Position/Title:

Company/Organization:

Address:

Phone:

E-mail, if known:

PROGRAM CONSENT AND TUITION

There is a non-refundable tuition cost of \$175 which helps cover the cost of all 15 sessions including: all session related activities, food and beverages, and a polo shirt given to each student to be worn to most of their sessions. A few partial scholarships are available to students in need as well as payment plan options. Each class member must obtain parental/guardian consent for participation and able to arrange transportation to and from meeting locations as determined by the session of that given day.

IF YOUR SON OR DAUGHTER IS IN NEED OF FINANCIAL ASSISTANCE PLEASE READ BELOW:

Is your child in need of financial assistance to pay the program tuition? Yes No

If CEP or community scholarship funds are available to support students with financial needs, what amount would you need for your child to participate in LOMY? \$ _____

Name of Parent/Guardian

Signature

COMMITMENT TO ATTENDANCE

Do you currently have a job? Yes No If yes, how many hours per week do you work?

Will your work hours be flexible enough to allow time for LOMY participation? Yes No

We understand the attendance requirements. In order to remain in the LOMY program and graduate from Leadership Ocala/Marion Youth Class XXX, tuition must be paid in full, prior to the first session, the student must attend the three mandatory sessions and have no more than two absences during the program year.

Parent/Guardian Signature

Student Signature

MEDICAL INFORMATION AND RELEASE

In case of an emergency or if my child is in need of medical attention or needs to enter a hospital for emergency treatment, consent is hereby given for a licensed doctor/physician to treat my child. I also agree to assume all and full financial responsibility for any medical bills incurred on behalf of my child. I certify that my son/daughter is medically able to participate in all scheduled activities.

My son/daughter has _____ medical conditions and is taking the following medication for treatment: _____.

Name of Parent/Guardian Signature

Date _____ Emergency Phone _____

WAIVER OF LIABILITY

The undersigned, do release and forever discharge, and by these presents do for myself, my heirs, executors, administrators, successors, subrogates, and assigns, whether named or unnamed, remise, release and forever discharge the OCALA-MARION COUNTY CHAMBER OF COMMERCE, INC., doing business as OCALA/MARION COUNTY CHAMBER AND ECONOMIC PARTNERSHIP, and the LEADERSHIP OCALA/MARION YOUTH BOARD OF REGENTS, their agents, officers, attorneys, employees, associates, affiliates, successors and assigns, and all other persons, firms, or corporations, whether or not specifically names herein, jointly, severally, and jointly and severally, of and from any and every claim, demand, right or cause of action, of whatever kind or nature, whether in tort, contract, or created by statute, directly or indirectly, for any injuries, damages, or losses the undersigned may incur as a result of his or her participation and involvement in the LEADERSHIP OCALA/MARION YOUTH program conducted by the OCALA/MARION COUNTY CHAMBER AND ECONOMIC PARTNERSHIP.

This Liability Waiver and Release Agreement is freely and voluntarily executed by the undersigned after having been apprised of all relevant information and data regarding the undersigned’s participation and involvement in the LEADERSHIP OCALA/MARION YOUTH program and all other information relevant to such a release, such as the risks and burdens incident to participation and involvement in the LEADERSHIP OCALA/MARION YOUTH program. The undersigned in executing this release does not rely on any inducements, promises, or representations made by the OCALA/MARION COUNTY CHAMBER AND ECONOMIC PARTNERSHIP the LEADERSHIP OCALA/MARION YOUTH BOARD OF REGENTS, their agents, officers, attorneys, employees, associates, affiliates, successors or assigns.

The undersigned has read this release and had the terms used herein, and the consequences thereof, explained to the undersigned.

This _____ day of _____, 2018.

Name of Parent/Guardian Signature