



2017 YOUTH EXCEL APPLICATION PACKET

PERSONAL INFORMATION *(Please Type or Print)*

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

Name you prefer to be called _____ Home Phone _____

Cell Phone _____ Email Address _____

**In the case of a last-minute change in schedule, we will notify you by email and a phone call or text.*

Home Address: _____ City/State/Zip: _____

Parent/Guardian's Name: _____ Relationship to you: _____

Parent/Guardian's Place of employment: _____ Phone: _____

Emergency Contact: _____ Phone Number: _____

Describe up to three activities or accomplishments that have made you proud of yourself: _____

ACTIVITIES: List up to five school, volunteer, religious, social, athletic or other activities or organizations in which you have participated during the last four years.

1. Organization or Activity: _____ Grade in School: _____

Involvement: _____

2. Organization or Activity: _____ Grade in School: _____

Involvement: _____

3. Organization or Activity: _____ Grade in School: _____

Involvement: _____

4. Organization or Activity: _____ Grade in School: _____

Involvement: _____

5. Organization or Activity: _____ Grade in School: _____

Involvement: _____

WORK EXPERIENCE: List any job experiences (paid or volunteer) and briefly tell length of time and what was involved: _____

Do you currently have a job? _____ How many hours per week do you work? _____



GENERAL INFORMATION:

1. Using a few phrases or adjectives, describe yourself: _____

2. Please explain what you hope to gain by participating in Youth Excel: _____

3. _____ GPA (Selection to Youth Excel is not contingent upon your current grade point average.)
4. Shirt Size-Adult Sizes (circle one) Small Medium Large XL XXL
5. Please list at least three careers you have an interest in after high school or college: _____

REFERENCES: Fill in your name at the top of the two reference forms attached. Give one reference form and self-addressed envelope to a high school teacher or counselor. Give the second form and envelope to any adult who knows you well, other than a parent or a relative. **Turn in unopened reference letter with your application to the Counseling Office by Wednesday, September 13, 2017.**

1. Name of Teacher/Counselor Reference: _____ Position/Title: _____
2. Name of Adult (non-relative) Reference: _____ Position/Title: _____

JOB SHADOWING: Each student participating in Youth Excel will spend half of a day during the week of October 30 – November 3, 2017, in a shadowing experience with a community business person.

PROGRAM DATES: Tuesday, October 24, 2017 from 5:15 p.m. – 7:30 p.m. (Orientation)
Tuesday, November 14, 2017 from 8:30 a.m. – 4 p.m.
Wednesday, November 15, 2017 from 8:15 a.m. – 3:30 p.m. (Includes Graduation)

ATTENDANCE: One hundred percent attendance is required of each participant. To make sure you do not have unavoidable conflicts, please compare your schedule with ALL dates before completing your application.

I have read and understand the attendance requirement for Midwest City Chamber’s Youth Excel program. If selected, I agree to attend all sessions of the program.

Signature of the Applicant

Date

Return completed application and un-opened references to your counseling office, mail to the Midwest City Chamber of Commerce at PO Box 10980, Midwest City, OK 73140, or in person at 5905 Prosper Blvd. by September 13, 2017.



REFERENCE INFORMATION (#1)

Reference for (Student's Name): _____

The student named above has applied for Midwest City's Youth Excel Program. The purpose of this program is:

1. To identify young individuals who have potential leadership qualities and to help further develop that potential.
2. To provide educational activities, which will familiarize participants with community, needs, opportunities, and resources.
3. To provide opportunities for interaction with community leaders and decision makers.
4. To equip participants with leadership skills.

TO BE COMPLETED BY ADULT REFERENCE

Directions: Please complete below information, seal it in an envelope with students name and give it to student applicant or turn it into the School Counseling office by Wednesday, September 13, 2017.

Name of Reference (typed or printed): _____

Position/Title _____ School/Firm _____

1. How long and in what capacity have you known the applicant? _____

2. Briefly explain your reasons for recommending the above named student to this leadership development program: _____

Signature: _____

Date: _____



REFERENCE INFORMATION (#2)

Reference for (Student's Name): _____

The student named above has applied for Midwest City's Youth Excel Program. The purpose of this program is:

1. To identify young individuals who have potential leadership qualities and to help further develop that potential.
2. To provide educational activities, which will familiarize participants with community, needs, opportunities, and resources.
3. To provide opportunities for interaction with community leaders and decision makers.
4. To equip participants with leadership skills.

TO BE COMPLETED BY ADULT REFERENCE

Directions: Please complete below information, seal it in an envelope with students name and give it to student applicant or turn it into the School Counseling office by Wednesday, September 13, 2017.

Name of Reference (typed or printed): _____

Position/Title _____ School/Firm _____

1. How long and in what capacity have you known the applicant? _____

2. Briefly explain your reasons for recommending the above named student to this leadership development program. _____

Signature: _____

Date: _____



RELEASE FROM LIABILITY AND AGREEMENT INDEMNITY

I _____ hereby affirm that I am participating in the Midwest City Chamber of Commerce Youth EXCEL program of my own free, voluntary act. I hereby certify and acknowledge that I am fully cognizant and aware of all the inherent dangers of travel and activities related to the trip.

By participating in this program I understand and agree that neither the Midwest City Chamber of Commerce, or any of its agents, servants, board members, volunteers or employees may be held liable in any way for any occurrence in connection with the aforementioned program which may result in injury, death or other damages to me or my property or my family, heirs, or assigns. In consideration for being allowed to participate in said program, I hereby personally assume all risks in connection with said program and I further hereby release the aforementioned Midwest City Chamber of Commerce and its agents, servants, board members, volunteers and employees from liability resulting of and from any harm, injury or damage which may befall me while I am preparing for or participating in activities associated with said program including all risks connected therewith.

I further agree to indemnify and hold harmless the Midwest City Chamber of Commerce, and its agents, servants, board members, volunteers and employees from any and all claims made by me, my family, estate, heirs, or assigns arising out of or in any way connected with my participation in this program.

I further state that I have fully read and understand the terms herein and I have signed this document as my own free act on the _____ day of _____, 2017.

This is a release. Read carefully before signing.

_____ Participant

_____ Witness

PARENT/GUARDIAN'S RELEASE

I have fully read and understand the foregoing release signed by my child or ward. I have given my child or ward full permission to participate in said activities. I have further given my full permission for my child or ward to sign the above release and indemnification agreement. I, also, release and waive, and further agree to indemnify, and hold harmless the Midwest City Chamber of Commerce, its agents, servants, board members, volunteers and employees from and against any claim which I, any other parent or guardian, any sibling, my child or ward, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of my child's or ward's participation in this activity.

This is a release. Read carefully before signing.

_____ Parent or Guardian

_____ Witness