



**LETTER OF COMMITMENT**

**STUDENT COMMITMENT:**

If selected as a participant in the Youth Leadership Aransas County Camp, I commit to:

- Arrange my own transportation to and from events, when school bus not provided
- Certify that all information provided in this application is complete and correct. I understand any false information will disqualify me from participation in the program.
- Students must have passing grades and be in good standing with the school.

Student's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Student Cell: \_\_\_\_\_

**PARENT COMMITMENT:**

As the parent of the applicant, I agree to ensure my child meets all the above listed requirements for participation.

Parent's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

**MENTOR APPLICATION**  
**YOUTH LEADERSHIP ARANSAS COUNTY PROGRAM**  
**YLACM**

PERSONAL DATA: (Please type or print neatly.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred name for name badge: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent or Legal Guardian E-Mail: \_\_\_\_\_

Parent or Legal Guardian's Cell Phone: \_\_\_\_\_

Why are you interested in returning to the YLAC Program as a Mentor?

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What do you hope to gain from the program this year?

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What do you feel you will be able to contribute to the program this year?

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As an upcoming leader in the community, what would you like to see in Aransas County?

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