



## **ROCKPORT-FULTON AREA CHAMBER OF COMMERCE**

### **Youth Leadership Aransas County**

*\*Dates Outside school hours\**

The **Youth Leadership Aransas County** is a 6-day program of the Rockport-Fulton Chamber of Commerce designed to increase community awareness and involvement of middle school-aged students. This opportunity will help you learn more about your leadership potential and how your abilities can make a difference locally now and in the future. You will have experiences with your peers and community leaders that you will remember for a life time!

Topics and activities of major focus include:

- Leadership development
- Team building (ropes course)
- Tourism
- Arts
- The Local Economy
- Career Opportunities
- Law Enforcement/Government/Judicial System
- Respect

To be considered for this program, you must meet the following requirements:

- Turn in a complete application by Friday, September 10, 2021 to the RFMS front office.
- Commit to participate completely in all 5 days of the program dates.

This event is a joint venture between the Rockport-Fulton Chamber of Commerce and Rockport-Fulton Middle School. Please contact at RFMS, email: [ccharlton@acid.org](mailto:ccharlton@acid.org) or Evelyn Guidry at 361- 729-6445 or by email at [finance@1rockport.org](mailto:finance@1rockport.org) if you have any questions.

**APPLICATION DEADLINE: Friday, September 24 Rockport-Fulton Middle School Front Office**



## YOUTH LEADERSHIP ARANSAS COUNTY APPLICATION

PERSONAL DATA: (Please type or print neatly.)

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

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

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

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

Extra-curricular Activities (in school):

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Activities in community:

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Organization leadership and/or honors received (K-8)

Organization	Highest Position Held	Honors Received
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_____	_____	_____
_____	_____	_____

Volunteer experience:

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Describe the leadership qualities you believe you possess:

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## LETTER OF COMMITMENT

### STUDENT COMMITMENT:

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

- Participate completely in all 5 days of the program dates.
- 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: \_\_\_\_\_