



ROCKPORT-FULTON AREA CHAMBER OF COMMERCE
Youth Leadership Aransas County
Dates Outside school hours

The **Youth Leadership Aransas County** is a 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 30, 2022 to the RFMS front office
- Commit to participate completely in all of the program dates

This program is a joint collaboration between the Rockport-Fulton Chamber of Commerce and Rockport-Fulton Middle School.

Please contact Chelsea at RFMS, email: ccharlton@acisd.org or Evelyn Guidry at 361-729-6445 or by email at membership@1rockport.org if you have any questions.

APPLICATION DEADLINE:

Friday, September 30 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):

Activities in community:

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

Organization

Highest Position Held

Honors Received

Volunteer experience:

Describe the leadership qualities you believe you possess:

LETTER OF COMMITMENT

STUDENT COMMITMENT:

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

- Participate and attend all sessions of the program
- 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: _____