

# YOUTH LEADERSHIP ATMORE

## Class of 2025-2026

### OVERVIEW & GOALS

If selected to participate in YLA, the program begins with a MANDATORY parent/student orientation meeting in late September and in October a MANDATORY overnight retreat where participants are introduced to the objectives of Youth Leadership Atmore. The retreat allows students from different schools to meet and learn more about each other. It also teaches teamwork, decision-making skills and how to work together to accomplish challenges and goals. From November through April, the class is involved in a series of interactive, educational activities and trips that take place one day each month. Participants will also have the opportunity to interact with community and state leaders, visit major businesses, government offices, college campus, healthcare facilities, etc. A MANDATORY graduation ceremony and reception is held in April. A 2025-2026 schedule will be provided at the orientation meeting.

*\*\*\*Note: Based on the number of applicants, all who apply may not be interviewed.*

### ELIGIBILITY REQUIREMENTS

- High school junior (during YLA participation)
- **Must have a cumulative grade point average of 2.5 or higher**
- Must be enrolled in one of the local high schools or have an Atmore physical address.
  
- Commitment to 100% participation  
(Orientation, Overnight Retreat, Graduation and six sessions)
- A \$125 non-refundable tuition fee shall be paid upon selection into the program  
(to be paid at Orientation) \*Partial financial aid may be available to those students demonstrating a need and applying for assistance prior to Orientation.

### THE APPLICATION AND SELECTION PROCESS

Fill out the application forms, have it signed by your parents/guardians, your school principal, and any coach and/or sponsor(s) of after school activities requiring practices that would may or may not interfere with YLA monthly sessions. Attach a current photograph to your application. Return your completed forms to the Atmore Area Chamber of Commerce office, 137 North Main Street. Remember...Incomplete applications, and applications received after the deadline will not be considered. **DEADLINE: 5:00 P.M. FRIDAY, May 23, 2025**

When you return your completed application packet an interview time will be provided to you. All interviews will be held at the Atmore Chamber office and will last no more than 15 minutes per applicant.

# **Youth Leadership Atmore**

## **2025-2026 Program**

### **Application Packet Checklist**

**Parents and Applicant -**

**Please read all information and forms carefully!** (8 pages including this page)

**When preparing to return your completed forms to the Atmore Area Chamber of Commerce office located at 137 North Main Street Atmore, AL 36502. Use the below checklist as your reminder.**

- ✓ Application - (include photo)
- ✓ Student Action Agreement Form
- ✓ Reference Form (please use white envelope provided)
- ✓ Parental Permission Form
- ✓ School & Coaches/Sponsors Approval Form
- ✓ Medical Release Form
- ✓ Facebook Release Form

**DEADLINE: 5:00 P.M. Friday, May 23, 2025**

**Incomplete application packets will not be considered**

Once all packets have been received, you will be contacted with the date and time of your interview. All interviews will be held at the Atmore Area Chamber of Commerce office located at 137 North Main Street Atmore, AL. 36502.

# YOUTH LEADERSHIP ATMORE CONFIDENTIAL APPLICATION

## CLASS OF 2025-2026

### GENERAL INFORMATION (please print responses to all topics/questions)

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name you prefer to be called \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street City Zip

School \_\_\_\_\_ SSN \_\_\_\_\_ Driver's License # \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone number (    ) \_\_\_\_\_

**IMPORTANT:** Email is the main form of communication with YLA members throughout the program year. It is your responsibility to keep the Steering Committee advised of your current email address and cell phone number, and to check regularly for incoming emails and/or texts.

### SCHOOL AND COMMUNITY EXPERIENCE

Main area of interest in studies \_\_\_\_\_

\_\_\_\_\_

Extracurricular activities \_\_\_\_\_

\_\_\_\_\_

List those activities and organizations in which you would like to participate \_\_\_\_\_

\_\_\_\_\_

### WORK EXPERIENCE

Do you currently have a part-time job? \_\_\_\_\_ If so, how many hours per week do you work? \_\_\_\_\_

If selected for YLA, will your employer allow you time off if necessary? \_\_\_\_\_

### PERSONAL INFORMATION - (PLEASE ATTACH PHOTO)

Who in your community or school do you most admire? \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

Please list two personal accomplishments of which you are most proud, and tell why \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# YOUTH LEADERSHIP ATMORE

## CLASS OF 2025-2026

### Reference Form

**Applicant name:** \_\_\_\_\_

**To the Applicant:** Give this form to the individual providing a reference. No family members, or close relatives, may be used as references. Have the individual place the form in an envelope and seal it. You are responsible for delivering the sealed envelope to the Atmore Area Chamber of Commerce office with your application form.

**To the Reference:** The person named above has applied for the Youth Leadership Atmore program. It is an interactive, hands-on experience with the community, aimed at youth beginning to show leadership potential and community interest. The Steering Committee: (1) will attach considerable weight to your statements, (2) is aware of the time necessary to prepare such an assessment, and (3) gratefully acknowledges your help. The information you provide will be reviewed in confidence.

Name of adult reference: \_\_\_\_\_

Position/Title: \_\_\_\_\_

School/Business/Religious Group/Organization: \_\_\_\_\_

Work phone: (    ) \_\_\_\_\_ Home phone: (    ) \_\_\_\_\_

1. How long, and in what capacity, have you known the applicant?
2. What do you consider to be the applicant's primary talents and strengths?
3. Comment on the applicant's relationship with his/her peers.
4. Why do you feel the applicant would be a good candidate for YLA?
5. Please rate your perception of the applicant's skills in the following areas:  
(1 = Needs improvement    2 = Satisfactory    3 = Exceptional)

___ Responsibility	___ Concern for others	___ Maturity
___ Curiosity	___ Initiative	___ Leadership
___ Persistence	___ Oral communication skills	___ Character
	___ Ability to work with others	

**DEADLINE:** 5:00pm, Friday, May 23, 2025 at the Atmore Area Chamber of Commerce office  
137 North Main Street Atmore, AL 36502

# YOUTH LEADERSHIP ATMORE

## Parental Permission Form Class of 2025-2026

I am the parent/legal guardian of \_\_\_\_\_ (student name).  
I have read the information on the Youth Leadership Atmore program, and am willing to have my child participate.

I understand attendance is required at the Opening Retreat and that the retreat will be held at a camp facility outside of Atmore. I also understand if my child is unable to attend the Retreat, he/she will be unable to participate in the Youth Leadership Atmore program. I further understand (1) the time commitment required to participate in Youth Leadership Atmore, (2) that 100% attendance is expected, and (3) that two unexcused absences constitute dismissal from the program.

Youth Leadership Atmore, its agents and its employees, have full permission and consent to transport and otherwise provide transportation for my child in connection with all sessions of Youth Leadership Atmore during the school year in which he/she is a participant.

I hereby release and hold harmless Youth Leadership Atmore, its members, agents, employees or any individuals involved in the planning, organization or presentation of Youth Leadership Atmore programming, for any accident, injury, illness or any damage whatsoever related to the above mentioned student's attendance at, or participation in, any activity or session of Youth Leadership Atmore.

Parent/Legal Guardian Name \_\_\_\_\_  
(please print)

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_ Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# YOUTH LEADERSHIP ATMORE

## Class of 2025-2026

### *School Approval Form*

All applicants **MUST** have the following approvals to attend the sessions of Youth Leadership Atmore:

1) Your School Principal; 2) Your Coaches and/or Sponsors of after school sports and/or cheerleading programs.

Please have your School Principal complete this brief form and sign below.

*I approve the participation of \_\_\_\_\_ in the Youth Leadership Atmore Program for 2025-2026. The student meets the criteria of being academically sound (cumulative GPA of 2.5 or higher).*

1) Principal's name \_\_\_\_\_

(Please print)

School name \_\_\_\_\_

Signature of principal \_\_\_\_\_ Dated \_\_\_\_\_

2) Signature of Coaches/Sponsor(s) \_\_\_\_\_ Dated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DEADLINE:** 5:00pm, Friday, May 23, 2025 at the Atmore Area Chamber of Commerce office:  
137 North Main Street Atmore, AL 36502

2/18/2025

# Student Action Agreement Form

## Youth Leadership Atmore

### Class of 2025-2026

I am \_\_\_\_\_ (please print your name). I have read the information on the Youth Leadership Atmore program and am willing to participate.

**I understand attendance is required at all monthly session meetings, and I can miss no more than one (1) of these session meetings. I also understand I am required to commit to attending the overnight retreat in the fall, and graduation in the spring in order to be considered as having completed the program.**

I understand my responsibility is to represent Youth Leadership Atmore in my school and in the community with exemplary behavior and due respect to those adults conducting not only the scheduled sessions, but also during all of my activities in general, and any violation of this understanding may, and probably will, result in the termination of my participation in Youth Leadership Atmore.

I hereby release, hold harmless and indemnify Youth Leadership Atmore, the Atmore Area Chamber of Commerce, their members, directors, agents, volunteers, employees, and any individuals involved in the planning, organization or presentation of the Youth Leadership Atmore program, for any accident, injury, illness or any damage whatsoever related to the above-mentioned student's attendance at or participation in any activity or session of the Youth Leadership Atmore program.

Student's Name \_\_\_\_\_  
(Please print all entries)

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_ T-Shirt/Polo Shirt Size \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

(Please note: Email is the main means of contact with YLA members. Please keep us informed of your current address.)

# YOUTH LEADERSHIP ATMORE CLASS OF 2025-2026

## *Medical Release Form*

I, \_\_\_\_\_ (Parent/Legal Guardian's name) hereby give permission for any and all medical attention to be administered to my child,

(Child's name) \_\_\_\_\_  
in the event of accident, injury, sickness, etc., under the direction of the Youth Leadership Atmore Program Coordinator and/or the Member(s) of the Steering Committee, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

**Note:** Please include/attach a copy of the participant's insurance card.

In case I cannot be reached, any of the following persons is designated to act on my behalf.

Name \_\_\_\_\_ Phone number (    ) \_\_\_\_\_

Name \_\_\_\_\_ Phone number (    ) \_\_\_\_\_

Name \_\_\_\_\_ Phone number (    ) \_\_\_\_\_

Physician's name \_\_\_\_\_

Physician's address \_\_\_\_\_

Physician's phone \_\_\_\_\_

Participant's known allergies and/or any significant illness \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



# Youth Leadership Atmore

Facebook

## Release Form

I, \_\_\_\_\_, parent  
and/or legal guardian of \_\_\_\_\_,

a participating student of the Youth Leadership Atmore Class of 2026 hereby

ALLOWS ☐

DOES NOT ALLOW ☐

his/her image to be posted to the YLA Facebook page. I understand this Facebook page is administered by the current YLA Steering Committee. I understand that photos/videos posted to this YLA Facebook page will represent the current YLA students as they participate in the program sessions throughout the school year beginning in May 2025 through May 2026. I also acknowledge that the photos/videos posted can and will be visible to all persons who may visit this YLA Facebook page.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_