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Junior Leader Application
2016 - 2017

PERSONAL DATA

Mr. or Ms. (circle one) Name: _____

Home Address (include full address, including street, city, state and zip code)

_____

Phone Number: _____ **cell phone home phone (circle one)**

School: _____

Email: _____

Birthdate: _____ **Student ID #:** _____ **Current GPA:** _____

How did you learn of 20/20 Leadership?

_____

What do you expect to gain from your experience in 20/20 Leadership?

_____

_____

Please list any employment and civic, professional, religious, community, athletic, social or other organizations that you currently participate in.

ORGANIZATION	TITLE/RESPONSIBILITY

COMMITMENT

APPLICANT COMMITMENT

I understand that, if I am selected as a participant in 20/20 Leadership, attendance is required when regular leadership meetings take place, and I am willing to attend the functions sponsored by the program. As a member of the organization, and as a future alumnus, I accept responsibility for my actions and will represent ***myself, family and*** 20/20 Leadership in an appropriate, polite and respectful manner. ***I will not engage in bullying, harassing or discriminating behavior***. If I fail to meet any part of the obligations of participating, ***I understand that I may be dismissed from the program.***

Signature _____ **Date** _____
(APPLICANT)

SCHOOL COMMITMENT

Applicants for the *20/20 Leadership* Program must have the support and commitment of their school. The signature of the principal of the school is necessary as an indication of the support of the applicant's participation in the program.

_____has my full support for the time and personal commitment required to participate effectively in ***20/20 Leadership***.

Signature _____ **Title** _____ **Date** _____
(Principal or Counselor)

PARENT/GUARDIAN COMMITMENT

My child has my permission to participate in the *20/20 Leadership* program, and I endorse his or her participation in the program curriculum. I agree to allow my child to be included in data collection to assist in providing outcomes for the *20/20 Leadership* program. I approve the use of photos and videos of my child and statements made by my child in program publicity, press releases, program promotion, and similar uses. I also endorse inclusion of my child's name on the student and school list.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Names and Contact Phone Number

_____

Notification Statement of Nondiscrimination for ***mokan 20/20vision dba 20/20 Leadership***
In compliance with the Executive Order 1124: Title II of the Education Amendments of 1976; Title VI of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972; Title IX Regulation Implementing Education Amendment of 1972; Section 504 of the Rehabilitation Act of 1973; and all other Federal, State, School rules, laws, regulations and policies. **20/20 Leadership** of Johnson and Wyandotte Counties in Kansas and Jackson County, Missouri shall not discriminate on the basis of sex, race, color, national origin, or handicap in the programs or activities which it operates.

Revised: 9/5/2016

CONTACT INFORMATION

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