



© 20/20 LEADERSHIP  
Senior Leader Application  
2016-2017

PERSONAL DATA (Print Clearly)

Circle: Mr. Ms. \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street City State Zip

HOME Telephone # ( ) \_\_\_\_\_ CELL # ( ) \_\_\_\_\_

EMERGENCY NUMBER ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Current GPA: \_\_\_\_\_

School: \_\_\_\_\_

What did you learn and enjoy most about the Junior Leaders Program? And, what did you learn from your 20/20 Olympics project?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your plans after high school? (Circle all that apply)

Community College      4-year College/University      Military      Workforce

Career Interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College(s) interested in attending, if applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need help creating/correcting your resume? Yes \_\_\_\_\_ No \_\_\_\_\_

# COMMITMENT

# ALL SIGNATURES REQUIRED FOR CONSIDERATION

## SCHOOL ORGANIZATION 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)

## 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)

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 -- PLEASE PRINT.

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Please send completed application to: **20/20 Leadership**  
**4223 North 127<sup>th</sup> Street**  
**Kansas City, Kansas 66109**  
**Phone:** 816-729-0613 or 816/520-0014  
**Email Address:** [RSVP@2020leadership.org](mailto:RSVP@2020leadership.org)  
**Website:** [www.2020leadership.org](http://www.2020leadership.org)

Notification Statement of Nondiscrimination for moka 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