



21 Years Strong!

APPLICATION PACKAGE

Contains:

- ✓ Leadership Tomorrow Information Section
- ✓ Application form to be completed by applicant
- ✓ Reference form to be completed by principal or counselor
 - ✓ Reference form to be completed by sponsor
- ✓ Participant Photo and Consent Form to be completed by student and parent
 - ✓ Ropes course waiver form

LEADERSHIP TOMORROW - ANGELINA COUNTY

THE MISSION:

The Leadership Tomorrow Program is designed to develop community awareness, decision-making skills and leadership abilities in those teenagers who have untapped potential in these areas.

THE PROGRAM:

Leadership Tomorrow will consist of six sessions held monthly from October through April each year. Sessions will cover such topics as leadership skills, justice, order, politics, business opportunities and challenges, decision making, social issues, and team building activities. Most sessions will begin at 8:00 a.m. and end by 3:00 p.m. with lunch and transportation provided. Students are required to use transportation provided by the program (school buses) and not allowed to drive their personal vehicles during sessions.

APPLICANTS:

- Must be classified as sophomores who will be entering their junior year in high school at the time the program begins in October. The school or home school must be in Angelina County and the student must be a resident of Angelina County.
- Show leadership potential in the school, church or community activities and associations. It is not necessary that a student be an active leader at the time of application, only that he/she be interested in learning how to lead and be willing to develop his potential.
- **Be available to attend all sessions.**
- Have transportation to and from the sessions on the dates indicated.
- Pay \$50 (non-refundable) to help cover cost of program.
- Must secure a corporate sponsor to pay \$100 (non-refundable) to help cover cost of the program.

OBJECTIVES:

- To develop leadership potential and to promote community awareness and education.
- To allow students to spend time with local corporations and industries and view day-to-day tasks required in the workplace.

TO APPLY:

- **Applicant** must:
 - a. Complete application form and parent or legal guardian must sign it.
 - b. Secure a corporate sponsor. If unable to provide a sponsor, student may apply for assistance.
 - c. Pay \$50 non-refundable entry fee **upon notification of student's selection/acceptance. DO NOT ENCLOSE WITH APPLICATION.**
 - d. Complete the Participant Photo and Consent Profile Form.
 - e. Complete the ropes course waiver.
- **Principal or High School Counselor** must:

Complete reference form on student, sign, and date.
- **Corporate sponsor** must:
 - a. Complete reference form, billing information, and sign.
 - b. Pay \$100 sponsor non-refundable fee when billed (upon student's acceptance).

The following five items must be completed and returned before student will be considered for the program.

- The attached application form filled out by the student and signed by parent (legal guardian).
- The attached reference form completed by principal or high school counselor.
- The attached reference form completed by corporate sponsors.
- The attached Photo and Profile Consent Form.
- The attached ropes course waiver.

LEADERSHIP TOMORROW OF ANGELINA COUNTY INFORMATION FOR 2012-2013 APPLICANTS

Review the following information before completing your application form. Note under SELECTION PROCESS, the fact that finalist may be interviewed if necessary. 100% attendance at all sessions is required. Applicant will be expected to pay \$50 to cover program costs, upon notification of acceptance into the program. Corporate sponsors will be invoiced for their \$100 sponsorship when applicant is accepted.

ELIGIBILITY

Students who are in their junior year of high school in Angelina County and are residents of the county are eligible. Interested students should:

- Demonstrate leadership potential in school community or family activities.
- Express an interest in furthering their knowledge of the Angelina County area.
- **Commit to 100% attendance at all sessions and community volunteer assignments.**
- Receive a recommendation from their principal or counselor with their principal and parent's approval.

APPLICATION CHECK LIST:

- Check your calendar and talk with your family to be sure that you will be in town and available to attend all sessions as listed in the PROGRAM CALENDAR. **100% attendance is expected at all sessions.**
- Fill out the application form completely and return it to the Lufkin/Angelina Chamber of Commerce by to **April 2, 2012.**
- Ask your principal or counselor to complete the reference form and return to you or mail to Chamber of Commerce office.
- Secure a corporate sponsor. This can be an employer of your parents or any business person you know personally, excluding your parents. Take a copy of the reference form to your corporate sponsor; ask him to return it to the Chamber office no later than **April 2, 2012.** Students unable to provide a sponsor may apply for assistance and attached request behind the application..
- **All five sections of application must be turned in no later than April 2, 2012.**

SELECTION PROCESS

- Only complete applications, accompanied by the two required reference forms, will be considered.
- Using the objectives of Leadership Tomorrow as a guide, the committee will review all applications.
- Applicants may be interviewed if needed for the committee to reach a final decision.
- All applications will remain confidential
- Applicants will be notified in writing of their acceptance into the program.
- Class size will be limited to 20 students.

PROGRAM CALENDAR

(Exact dates to be announced when school district calendars are available.)

October 2012	OPENING RECEPTION ROPES COURSE
November 2012	REGULAR SESSION DAY
December 2012	REGULAR SESSION DAY
January 2013	REGULAR SESSION DAY CHAMBER BANQUET
February 2013	REGULAR SESSION DAY
March 2013	REGULAR SESSION DAY
April 2013	REGULAR SESSION DAY GRADUATION

COMMUNITY VOLUNTEER PROJECTS

- **December 2012**
LUFKIN STATE SCHOOL Volunteer Day
Class will participate in Lufkin State School's annual gift-wrapping and volunteer projects.
- **January 2013**
CHAMBER BANQUET (Lufkin Civic Center)
The class will be guest waiters for the annual banquet--an opportunity to see a year in review for Angelina County.
- **PRIOR TO THE APRIL 2013 SESSION**, participants will need to complete 4 hours of volunteer serve on the project of their selection.

The parent/guardian and the participant know that certain risks may result as a part of this program, both on the ropes course and within the program itself. By signing this application, they release the ropes course and the Lufkin/Angelina County Chamber of Commerce, and any other involved parties and their staff, representatives and volunteers from all liability for any injury which may occur while participating in the Leadership Tomorrow Program. Also, it is agreed that any photos taken during any Leadership Tomorrow session may be used for publicity purposes.

Work Experience

List any part-time job experience, paid or volunteer, and briefly tell what it involved.

Do you currently have a part time job? _____ How many hours per week? _____

Would your job interfere with your attendance at Leadership Tomorrow? _____

Concurrent College Classes

Do you plan to take any concurrent college classes during your junior year in high school? ____ Yes ____ No

Please list these classes and the hours that you will be in these classes

Class Names: _____ **Class Times** (Starting and ending times)

_____	_____ - _____
_____	_____ - _____
_____	_____ - _____

Note: Outside courses could potentially affected eligibility in Leadership Tomorrow.

General Information

1. What do you consider your primary strengths and talents?

2. What do you consider your primary weaknesses?

3. What three things concern you most about life in Angelina County?

4. Which session listed on the program calendar interests you most? What do you expect to get from it?

5. What else would you like to tell us about yourself?

Essay

Please respond to the following in 250 words or less. **Please attach.**

If you could change anything in your community, what would it be and how?

References

Please give one reference form to your high school principal or counselor. Give the other to any adult, other than a parent, who is in business and would be willing to be your corporate sponsor. List your contacts below:

Principal or Counselor

Name _____

Mailing Address _____

Phone _____

Corporate Sponsor

Name _____

Company _____

Address _____

Phone _____

Attendance

100% attendance is expected of each participant and school attendance credit will be granted for each school day session attended. If selected, do you make a commitment to attend each one of the program Sessions?

By signing this application, both the parent/guardian and the participant know that certain risks may result as a part of this program, both on the ropes course and within the program itself. I release the ropes course, the Angelina County Chamber of Commerce, and any other involved parties and their staff, representatives and volunteers from all liability for any injury which may occur while participating in the Leadership Tomorrow Program.

Printed Name of Applicant _____

Signature of Applicant _____

Date _____

Printed Name of Parent _____

Signature of Parent or Legal Guardian _____

Date _____

Applications will be reviewed in confidence.

Deadline for applying is April 2, 2012.

Return to: Leadership Tomorrow
c/o Lufkin/Angelina County Chamber of Commerce
1615 South Chestnut Street
Lufkin, Texas 75901
Attn.: Susie Cardwell

**LEADERSHIP TOMORROW - ANGELINA COUNTY
REFERENCE FORM TO BE COMPLETED BY PRINCIPAL OR COUNSELOR**

TO THE APPLICANT:
PLEASE TYPE OR PRINT

STUDENT'S NAME _____

ADDRESS _____

The Leadership Tomorrow Committee must receive this form by **April 2, 2012**. Be sure to give it to your high school principal or counselor. The comments will be used for selection purposes. Please sign and date the waiver below:

Waiver of Access: I, the undersigned, waive the right of personal access to the reference.

Signature _____ Date _____

TO THE REFERENCE:

The person named above is an applicant for Leadership Tomorrow of Angelina County. The selection committee attaches considerable weight to the statements made by the references of the applicant. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

Please return this form no later than **April 2, 2012**, to:

Leadership Tomorrow
c/o Lufkin/Angelina County Chamber of Commerce
1615 South Chestnut Street
Lufkin, Texas 75901

Name of Reference _____

Position/Title _____

School _____

Mailing Address _____

Phone _____

1. For how long and in what capacity have you known the student (applicant)?

2. What do you consider the applicant's primary talents or strengths?

3. What do you consider the applicant's chief weaknesses?

4. Comment on the applicant's relationships with his/her peers.

5. Applicant's grade point average is _____ on a _____ scale.

Please use the scale below to compare applicant with other high school juniors you have known.

	Exceptional	Excellent	Good	Average	Poor	Unable to Judge
Character						
Concern for others						
Responsibility						
Leadership						
Curiosity						
Ability to work with others						
Maturity						
Poise						
Oral Communication Skills						
Persistence & Drive						
Interest in community						
Analytical ability						

7. Please comment generally on the applicant's ability to communicate with others, his/her behavior in a group setting (participant or observer), interest in community affairs and potential for becoming a community leader. (Attach an additional sheet if necessary).

8. Signature of Principal _____ Date _____

Note: This verifies your approval for the applicant to attend all sessions of Leadership Tomorrow.

**LEADERSHIP TOMORROW - ANGELINA COUNTY
REFERENCE FORM FOR CORPORATE SPONSOR**

TO THE APPLICANT
PLEASE TYPE OR PRINT

STUDENT'S NAME _____

ADDRESS _____

The Leadership Tomorrow Committee must receive this form by **April 2, 2012**. Be sure to give the form to the corporate sponsor. The comments will be used for selection purposes only. Please sign and date the waiver below.

Waiver of access: I, the undersigned, waive the right of personal access to the reference.

Signature: _____ Date _____

TO THE REFERENCE:

The person named above is an applicant for Leadership Tomorrow of Angelina County. The selection committee attaches considerable weight to the statements made by the references of the applicant. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

Please return this form no later than **April 2, 2012**, to: Leadership Tomorrow, attn.: Susie Cardwell
1615 South Chestnut Street
Lufkin, Texas 75901

Name of Reference _____

Company _____

Mailing Address _____

Phone _____

1. For how long and in what capacity have you known the applicant?

2. How does the applicant show interest in what's happening in his/her community? _____

3. Please use the scale below to compare applicant with other high school juniors you have known:

	Exceptional	Excellent	Good	Average	Poor	Unable to Judge
Character						
Maturity						
Poise						
Oral Communication Skills						
Interest in Community						

4. Please comment generally on the applicant's attitude regarding his community and school. _____

If this applicant is accepted into the Leadership Tomorrow Program, you will be invoiced for the \$100 corporate sponsor fee. Please complete the following.

Name _____

Company _____

Address _____

City _____ Zip _____

Signature of Reference _____



Participant Photo and Profile Consent Form

Select one of the following options

- I hereby grant full permission to Leadership Tomorrow to use my photo and information from the Leadership Tomorrow application in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph or profile information.
- Please do not use my photograph in any publication or advertising materials.
- Please do not use my profile information from the Leadership Tomorrow application in any publication or advertising materials.

Participant's Name

Parent or Guardian's Name

Address

City

State

Zip

Phone Number

Signature of Parent or Guardian

Date

Alcohol & Drug Abuse Council of Deep East Texas-Angelina College
Challenge Course Program
CONSENT TO RELEASE FORM

A challenge course (or "ropes course") is a series of challenges designed to improve the performance and cohesiveness of your group or team. All of the challenging activities are conducted within a safe, fun and supportive atmosphere. The challenge course program offers participants an opportunity for team building, establishing trust, encouraging cooperation, and emphasizing communication, while becoming effective members of group problem solving. The program capitalizes on the experiential learning from fun games and enjoyable initiative problems. Therefore the personal and group experiences gained through participation may be used as a metaphor for many personal and professional challenges of everyday life.

Hold Harmless Agreement

1. In consideration for participating in the Alcohol & Drug Abuse Council of Deep East Texas-Angelina College and other valuable consideration. I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Alcohol & Drug Abuse Council of Deep East Texas-Angelina College, the Board of Directors, the State of Texas, their officers, servants, agents and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, causes of action whatsoever arising out of or related to belonging to me. Whether causes by the negligence of the releasees, or otherwise, while participating in such activity, or while in on or upon the premises where the activity is being conducted or in transportation to and from said premises.
2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as notes herein, and I hereby elect to voluntarily participate in said activity, and to enter the above names premises and engage in such activity knowing that the activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of release or otherwise.
3. I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, whether caused by the negligence of releases of releasees or otherwise.
4. I understand that the Alcohol & Drug Abuse Council of Deep East Texas-Angelina College will not be responsible for any medical costs associated with an injury I may sustain.
5. I further agree to become familiar with the rules and regulations of the Alcohol & Drug Abuse Council of Deep East Texas-Angelina College concerning student conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.

Health, Physical Fitness and Risk

There are risks involved when participating in activities offered on the Alcohol & Drug Abuse Council of Deep East Texas-Angelina College Challenge Course. The proposed activity provided by the Alcohol & Drug Abuse Council of Deep East Texas-Angelina College Challenge Course required participation in physical exercises which are, by their nature, physically demanding and may be performed from ground level and up to heights of 50 feet. Many of the activities will challenge you, and cause surges in blood pressure and respiration and pulse rates. It is imperative that you are free of any heart-related or other diseases. Therefore, all participants must be free of medical, psychological or physical conditions, which might create undue risks to themselves or any others who depend on them. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol during my participation of this program. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a medical physical examination. The individual is completely responsible for his/her own safety and health.

REPRESENTATION AND EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel to provide necessary medical services including but not limited to, injection and/or anesthesia and/or surgery for me/my child as named below. I further agree to assume responsibility for the costs of any specialized evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned.

I/My child have reviewed the above information and am aware of the risks involved in participating in the Alcohol & Drug Abuse Council of Deep East Texas-Angelina College Challenge Course activities and the possible injuries, which may occur. I/My child freely and voluntarily agrees to participate in the activity listed herein.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign voluntarily as my own free act and deed; no oral representations, statements of inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same.

Participant's Name (Please Print)

Participant's Signature* (If under 18, the parent/guardian must sign below)

Date Release Signed

Parent's or Guardian's Signature

**Alcohol & Drug Abuse Council of Deep East Texas-Angelina College
HEALTH STATEMENT**

The proposed activity provided by the Alcohol & Drug Abuse Council of Deep East Texas-Angelina College Challenge Course, requires participation in physical exercises, which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in the experience, you should have a physical examination.

Name: _____
Male **Female** **Age:** _____ **Date of Birth:** _____
Street Address: _____
City, State, Zip: _____ **Home Phone:** _____
Work Phone: _____ **Cell Phone:** _____
Name of Physician: _____ **Approx. Date of Last Exam:** _____

In an EMERGENCY, please notify (provide name & relation): _____
Where will this person be during the time you will be on the course? (if at work, please provide name of business) _____
Home/Cell Phone: _____ **Work Phone:** _____

HEALTH HISTORY: (Circle the appropriate answer and explain any YES answers)

Have you had or do you currently have any heart problems (dates)? YES NO

Do you frequently suffer from pains in your chest? YES NO

Do you often feel faint or have spells of severe dizziness? YES NO

Has a doctor ever told you that you have high blood pressure? YES NO

(Note: If you have had any heart related problems or answered YES to any of the above questions you will need to have a release from a physician in order to go through a high elements training.)

Are you a smoker? YES NO

Do you have arthritis, joint or back problems that might be aggravated by exercise? YES NO

Have you had any operations or serious injuries (dates)? YES NO

Do you have any disabilities or chronic recurring illnesses or communicable diseases? YES NO

Are there any activities to be limited/discouraged by physician's advice? YES NO

Do you have Epilepsy? YES NO

Do you have Diabetes? YES NO

Are you allergic to any medicines, insects or pollen? (Circle all that apply & identify where necessary) YES NO

Do you have asthma? If so, how often do you use an inhaler? _____ YES NO

Are you currently pregnant? If so, how many months? _____ YES NO

Are you currently sick and/or using a medication that's not listed above? YES NO

Do you carry family medical/hospital insurance? YES NO

Carrier: _____ Policy #: _____

Suggestions or health related information for the Alcohol & Drug Abuse Council of Deep East Texas-Angelina College Challenge Course: _____

General Health Statement (check one): Excellent Good Fair Poor

Presentation and Emergency Authorization:

This health history is correct so far as I know and I believe that my health is satisfactory to participate in challenge course activities.

Permission to Provide Necessary Treatment or Emergency Care

I hereby give permission to the medical personnel selected by the challenge course staff to order X-rays, routine tests, treatment to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the challenge course staff to secure and administer treatment, including hospitalization, for the person named above.

Signature of Participant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____
 (If participant is under 18)

Witness: _____ **Date:** _____

This only verifies that the person who completed this form is indeed the person to whom this form is in reference.

Alcohol & Drug Abuse Council of Deep East Texas-Angelina College
ROPES PARTICIPANT'S
RULES OF CONDUCT

1. No jewelry and/or accessories should be worn on the course.
2. No personal items such as phones, purses, Mp3s, or I-pods should be brought to the course. (Participant will be fully responsible for loss, theft, or damage of personal items.)
3. No littering! All trash needs to be disposed of properly.
4. No possession or consumption of alcoholic beverages on premises.
5. No distribution, possession, sale or use of any narcotic, drug or other controlled substance is allowed on the course. (This includes smoking cigarettes and/or cigars!)
6. No use or possession of pocketknives, weapons, firearms or fireworks is permitted on the premises.
7. No excessive use of profanity or degrading/offensive comments will be allowed.
8. No actions or conduct dangerous to the health or safety of any person (disorderly, Indecent, or obscene conduct or expression, or harassment) will be permitted.

Participants violating this policy shall be subject to immediate suspension from the Ropes Course participation.

Participant's Signature

Date

Parent/Guardian Signature

Date

How to Prepare for the Ropes Course

1. Bring bottled water or Gatorade. It is VERY important that you remain well hydrated!
2. Wear tennis shoes or boots that provide good grip.

NO FLIP FLOPS please!

3. Wear modest, comfortable clothing that will allow you to move freely.
Note: stains or small tears to clothing *may* occur, so please dress accordingly.
4. Your hands need to be free, so minimize personal items that you bring to the course.
5. Bring a camera! You'll want proof that you did this stuff!
6. Please be aware that there is no restroom facility or running water on the Ropes Course. Restrooms are nearby in Angelina College's Activity Center.
7. Come with an open mind, a willing attitude, & an encouraging word!