



2008-2009 Program Application

The following information is needed to ensure that the Junior Leadership Durham Program has a diverse group of students. Junior Leadership Durham is now a part of 4-H. As such, you would have all the rights, duties and privileges of a 4-H member (www.nc4h.org). Please type or print clearly in blue or black ink.

NAME _____

ADDRESS (street, city, state, zip) _____

PHONE _____ ALTERNATE PHONE _____

RACE _____ GENDER _____ BIRTH DATE _____

SCHOOL _____ (Durham public, private, charter or home school only)

EMAIL ADDRESS _____

HOW DID YOU LEARN ABOUT JUNIOR LEADERSHIP DURHAM? _____

Participation in Junior Leadership Durham will require missing school for some of the program sessions. You are responsible for transportation to and from program sessions. Attendance at the Orientation Session is mandatory.

PARENT/GUARDIAN SIGNATURE _____

Please answer 3 of the following 5 questions to the best of your ability on a separate piece of paper. An interview may be required. Answers to each question should be 100 words or less.

1. What are 3 issues facing youth today and why are they important?
2. Choose one of the 3 issues listed in Question #1. What can you and your peers do to help address this issue?
3. What accomplishments have you recently experienced and what did you learn from them?
4. What school (or non-school) leadership positions or activities have you had in the past five years and what did you learn from them?
5. If you could spend a day with a leader, who would you choose and why?

Please submit with your completed application **two** Recommendation Forms completed by a teacher, mentor or adult who is **not** a family member. **DEADLINE: March 28, 2008**

Durham Public Schools students can return the completed application and two Recommendation Forms to their school's Career Development Coordinator or Guidance Counselor or mail to the address below.

Non-Durham Public Schools students should mail the completed application and two Recommendation Forms to:
Junior Leadership Durham, Inc.
P.O. Box 2492
Durham, NC 27715



Recommendation Form

DATE _____

YOUR NAME _____

PROFESSION _____

RELATIONSHIP TO STUDENT _____

NAME OF STUDENT _____

How long have you known the student? _____

Rate the student on each of the following qualities/traits using a scale of 1 to 5 with 1 being poor and 5 being excellent/outstanding.

	<u>Poor</u>				<u>Excellent</u>
Leadership Potential	1	2	3	4	5
Dependability	1	2	3	4	5
Eagerness to Learn	1	2	3	4	5
Organization	1	2	3	4	5
Initiative	1	2	3	4	5
Communication Skills	1	2	3	4	5
Ability to Work Well With Others	1	2	3	4	5
Persistence (does not give up easily)	1	2	3	4	5
Flexibility (adaptable to different situations)	1	2	3	4	5

What would you consider to be this student's greatest strength and why? _____

Describe how participation in this leadership development program would benefit this student.

Your Signature _____

Please add any additional comments on the back of this page or on an attached sheet.