



## 2016-2017 Program Participant Application

Dear Applicant,

Welcome! You have taken the first step toward becoming a member of the 2016-2017 #LEAD (Leading, Educating, Advocating, and Dedication) program. By completing this application, you are expressing your serious commitment to help others, to build your leadership skills and become a mentor of tomorrow. If you are selected to participate in #LEAD, you will join a citywide group of youth who want to make a difference in their lives and community.

**Application Process:** All applications submitted by **October 7, 2016** deadline will be reviewed by program directors. Applicants will be invited to attend an informal interview process including all participants and program partners. If selected, interviews will be conducted from 6-8 PM on the following dates and locations:

Visalia: Monday, October 17                      Tulare: Tuesday, October 18  
Porterville: Wednesday, October 19

### **Information about the #LEAD program**

Students participating in the #LEAD program benefit by engaging with community leaders who are college professors, local business owners, elected officials, and business industry leaders who will share their real world experience and expertise. The following are dates and locations of #LEAD sessions:

	Dates	Location
Visalia	Tuesdays	College of the Sequoias Visalia Campus
Tulare	Wednesdays	College of the Sequoias Tulare Campus
Porterville	Thursdays	Porterville Community College Campus

### **Perks of being a Student Leader/Mentor**

Upon successful completion of #LEAD program you may be eligible for:

**Employment:** You will be considered as an applicant for employment opportunities. This is a resume builder with the potential to earn real income.

**College Campus visits:** Fresno State and a University of California campus to be determined.

**Team Building:** and fun Fun FUN!

PERSONAL INFORMATION				
Name (First, Last)				
Mailing Address				
City, State, Zip Code				
Home Phone			Cell Phone	
I am eligible to work in the United States <input type="checkbox"/>		I am a foster youth <input type="checkbox"/>		Date of Birth
<b>Health &amp; Medical Information:</b>				
Doctor: _____ Phone: _____				
Medical Insurance (Type): _____ Policy #: _____				
Medical conditions we should be aware of: _____				
List all medications you are currently taking: _____				
Emergency Contact:		Relationship: _____		
		Address: _____		
		Phone: _____		
E-mail		Speak any other languages?		Language
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
EDUCATION				
Name of High School				
Grade		Expected Year of Graduation		Current G.P.A.
<b>How true do you feel these statements are about you personally?</b>				
Check one box for each statement that you feel is the most accurate.				
Area	Not at all true	A little true	Pretty much true	Very much true
I have goals and plans for the future.				
I plan to graduate from high school.				
I plan to go to college after high school.				
I know where to go for help with a problem.				
I can do most things if I try.				
I feel bad when someone gets their feelings hurt.				
When I need help, I find someone to talk with.				
I stand up for myself without putting others down.				
There is a purpose to my life.				
I understand why I do what I do.				



## CONTRACT OF COMMITMENT AND PARTICIPATION

#LEAD is a youth program designed to serve our community through mentorship and leadership. This program will engage youth in educational, recreational, and cultural activities. Youth develop skills in communication, decision-making, public speaking, character development, and mentorship.

The program involves evening and weekend activities. A eight month commitment and participation is expected.

### Initials

\_\_\_\_\_ I understand the #LEAD Program is a eight month commitment.

\_\_\_\_\_ I will attend all monthly meetings, with an attendance rate of at least 80%.

\_\_\_\_\_ I will be ON TIME to every meeting. If I am unable to attend, I will call.

\_\_\_\_\_ I will participate at all events.

\_\_\_\_\_ I will attend all out of town and weekend field trips.

\_\_\_\_\_ I will respect #LEAD program property at all times.

\_\_\_\_\_ I understand that if I do not meet the 80% attendance rate, I will not qualify to apply for employment opportunities.

\_\_\_\_\_ I understand I will need to have appropriate transportation waiting for my dismissal/arrival after all #LEAD activities as staff cannot be expected to wait for long periods until pick-up occurs

I \_\_\_\_\_ fully understand the regulations as stated above. I understand the importance of my participation as outlined above and agree to meet the requirements.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



## PARENTAL CONSENT TO CONTRACT OF COMMITMENT AND PARTICIPATION

#LEAD is a youth program designed to serve our community through mentorship and leadership. This program will engage youth in educational, recreational, and cultural activities. The program involves evening and weekend activities. A eight month commitment and participation is expected. I give my child \_\_\_\_\_ permission to participate in the #LEAD program.

### Initials

- \_\_\_\_\_ I understand that if selected, my son/daughter will engage in a eight month commitment.
- \_\_\_\_\_ I will allow my son/daughter to attend all meetings.
- \_\_\_\_\_ I will encourage my child to be ON TIME to every meeting or to call when unable to attend.
- \_\_\_\_\_ I will allow my child to participate at all events.
- \_\_\_\_\_ I will allow my son/daughter to attend all out of town and weekend field trips.
- \_\_\_\_\_ I consent to my child's image (photo or video) being used for media related to this program.
- \_\_\_\_\_ I have read and understand the Student Contract.
- \_\_\_\_\_ I have signed the CalWORKs Verification of Participation allowing release of information (see back).
- \_\_\_\_\_ I understand I will need to provide appropriate transportation for my student during dismissal/arrival after all #LEAD activities as staff cannot be expected to wait for long periods until pick-up occurs

I \_\_\_\_\_ fully understand the regulations as stated above. I understand the importance of my parental support for my son/daughter's success as a #LEAD participant.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



# Tulare County Health & Human Services Agency

## YOUTH PROGRAMS VERIFICATION OF TANF PARTICIPATION

I, \_\_\_\_\_, am receiving CalWORKs  
(Adult Client's Name)

benefits from Tulare County Health and Human Services Agency and hereby authorize  
you to release to \_\_\_\_\_ verification that my  
(See & Co, CSET, or WIB)

CalWORKs case is open and that \_\_\_\_\_ is active on my case.  
(Youth's Name)

This release of information is valid as of the date on this form and will allow Tulare County Health and Human Services to verify continued eligibility on a monthly basis for the duration of participation in the program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature and Date

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### *To be completed by Tulare County Health and Human Services*

The status of \_\_\_\_\_ 's CalWORKs case is  
(Adult Client's Name)

\_\_\_\_\_ as of \_\_\_\_\_ and  
(Active or Closed) (Date Completed)

\_\_\_\_\_ is \_\_\_\_\_ on the CalWORKs case.  
(Youth's Name) (Active/Not Active)

Cal-Learn Participant:  Yes  No

\_\_\_\_\_  
TulareWORKs Staff (Printed Name)/ Worker #

\_\_\_\_\_  
TulareWORKs Staff (Signature)