

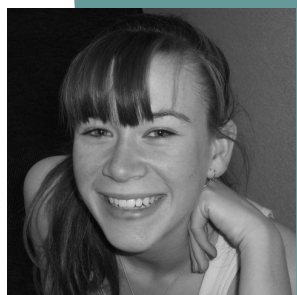
# Valley Teen Leadership

## Class 14 2009-2010 Application

"If your actions inspire others to **dream** more,  
**learn** more, **do** more and **become** more,  
you are a **leader**."  
— John Quincy Adams

Sponsored by  
USAA

Cox Communication  
Otto & Edna Neely Foundation



## Valley Leadership Mission

Valley Teen Leadership's commitment is "to enhance the abilities and desire of our youth to passionately serve and strengthen our communities."

## PROGRAM DESCRIPTION

Valley Teen Leadership is a highly interactive, four-month program, run by Valley Leadership, that instills leadership skills and an awareness of community needs in emerging youth leaders from around the Valley. Fifty high school sophomores and juniors who are selected to participate will:

- Learn from personal experiences of community leaders.
- Explore solutions to various issues facing our communities.
- Gain an awareness of volunteer opportunities.

### Program Objectives

- Ignite the passion and instill the dedication needed to create leaders who will determine the course of tomorrow's world.
- Provide the forum, the tools and the foundation from which teens can discover the power and possibilities of their ideas and how to use their voice to positively impact their community.
- Educate youth about issues facing their community and explore possible solutions to overcome these challenges.
- Provide teens the opportunity to gain confidence, problem-solving skills, strategies, and develop awareness of local, national and global issues.
- Instill in youth leaders a passion to serve the community in various volunteer capacities.
- Increase access to local colleges and universities.



## APPLICATION/SELECTION PROCESS

Complete applications, including references, essays, and signatures of principal, counselor and parent or guardian must be at the Valley Leadership office by November 17, 2009 (postmarked November 16, 2009). Incomplete applications will not be considered. Additional copies of the application are available on the Valley Leadership website at [www.valleyleadership.org](http://www.valleyleadership.org) or at the office, located at 4020 N. 20th St., Suite 202, Phoenix, AZ 85016.

The selection process consists of an initial review of the personal essays and references. Applicants will be invited to meet with the VTL Selection Committee on Saturday, December 5. The make-up date is Monday evening, December 7. One objective of selection is creating a class that reflects gender, ethnic and geographic diversity. All applicants will be notified about selection decisions in writing by mid-December.

For those selected to Valley Teen Leadership, the program tuition is \$100. Valley Leadership does not want the cost of the program to prohibit anyone from participation so financial assistance is available based on individual need. Valley Leadership is a non-profit, 501 (c)(3) organization dependent on volunteer service and contributions to help support our programs. **We thank USAA, Cox Communications and Otto & Edna Neely Foundation for their generous program support of VTL Class 14.**

## PROGRAM SCHEDULE

Wednesday, January 20, 2010	6:00 pm–8:00 pm	Parent/Guardian & Student Orientation
Saturday, January 30, 2010	9:00 am–4:00 pm	Retreat
Saturday, February 6, 2010	9:00 am–4:00 pm	Program Day 1
Saturday, February 20, 2010	9:00 am–4:00 pm	Program Day 2
Saturday, March 6, 2010	9:00 am–4:00 pm	Program Day 3
Saturday, March 20, 2010	9:00 am–4:00 pm	Program Day 4
Friday, April 2, 2010	8:30 am–3:30 pm	Program Day 5
Saturday, April 24, 2010	9:00 am–4:00 pm	Program Day 6
Wednesday, April 28, 2010	6:00 pm–8:00 pm	Graduation Celebration

## CONTACT INFORMATION

### Valley Teen Leadership

4020 North 20th Street  
Suite 202  
Phoenix, AZ 85016  
Telephone: 602.952.6760  
Fax: 602.952.6775  
E-mail: [vl@valleyleadership.org](mailto:vl@valleyleadership.org)  
Website: [www.valleyleadership.org](http://www.valleyleadership.org)



# Valley Teen Leadership Reference Form

**APPLICANT NAME:** \_\_\_\_\_

The person listed above is an applicant for Valley Teen Leadership. This program is an interactive training effort targeted to sophomore and junior high school students beginning to show interest in their community. The program's objective is to expose burgeoning teen leaders to various skills and issues that will help them grow into the future leaders of our community. The committee is aware of the time necessary to prepare a personal reference and gratefully acknowledges your help. This form is also available at [www.valleyleadership.org](http://www.valleyleadership.org). Applications will be reviewed in confidence. **Please put the completed reference in a sealed envelope and return it to the applicant for submission of a complete application package.**

Name of Reference: \_\_\_\_\_

Position/Title (if applicable): \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

1. How long and in what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you consider to be the applicant's primary talents or strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Comment on the applicant's relationship with his/her peers. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please rate your perception of the applicant's skills in the following areas: (1-5 scale, 5 being high)

___ Responsibility	___ Initiative	___ Character
___ Ability to work with others	___ Concern for others	___ Oral communication skills
___ Interest in community affairs	___ Formal or informal leadership skills	

5. Use a few phrases or adjectives to describe this student and share with us anything else you would like for us to know.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to applicant  
in a sealed envelope BEFORE  
November 15, 2009.**

## School Reference



# Valley Teen Leadership Reference Form

**APPLICANT NAME:** \_\_\_\_\_

The person listed above is an applicant for Valley Teen Leadership. This program is an interactive training effort targeted to sophomore and junior high school students beginning to show interest in their community. The program's objective is to expose burgeoning teen leaders to various skills and issues that will help them grow into the future leaders of our community. The committee is aware of the time necessary to prepare a personal reference and gratefully acknowledges your help. This form is also available at [www.valleyleadership.org](http://www.valleyleadership.org). Applications will be reviewed in confidence. **Please put the completed reference in a sealed envelope and return it to the applicant for submission of a complete application package.**

Name of Reference: \_\_\_\_\_

Position/Title (if applicable): \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

1. How long and in what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you consider to be the applicant's primary talents or strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Comment on the applicant's relationship with his/her peers. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please rate your perception of the applicant's skills in the following areas: (1-5 scale, 5 being high)

___ Responsibility	___ Initiative	___ Character
___ Ability to work with others	___ Concern for others	___ Oral communication skills
___ Interest in community affairs	___ Formal or informal leadership skills	

5. Use a few phrases or adjectives to describe this student and share with us anything else you would like for us to know.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to applicant  
in a sealed envelope BEFORE  
November 15, 2009.**

## Community Reference



## PARENTAL PERMISSION

I am the parent/legal guardian of \_\_\_\_\_ (print applicant name). I have read the information on Valley Teen Leadership and am willing to have my child participate. Valley Teen Leadership, its agents, and its employees have my full permission and consent to transport and otherwise provide transportation for my child by public service bus, private automobile, van, or other appropriate means of transportation in connection with all sessions of Valley Teen Leadership during the school year in which he/she is a participant. I hereby release and hold harmless Valley Teen Leadership, its members, agents, employees, or any individuals involved in the planning, organization, or presentation of Valley Teen Leadership programming, for any accident, injury, illness, or any damage whatsoever related to the above-mentioned applicant's attendance at, or participation in, any activity or session of Valley Teen Leadership. I understand that I am responsible for ensuring my child has transportation to and from the Valley Teen Leadership program day sites or alerting the program staff that we need help in arranging a ride. I understand that attendance is required at ALL sessions, for the entire day. If a student cannot make that commitment he/she will be unable to participate in Valley Teen Leadership. I further understand the time commitment required to participate in the program and that any student who cannot meet the attendance requirements may be excused from the program.

Parent/Legal Guardian Name (please print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Valley Leadership will videotape and photograph portions of the Teen Leadership program for purposes of publicity and recruitment. In addition, some of the teen leaders may be asked to give interviews if the program is covered by the media. Signing the release below will authorize us to use your son/daughter's name and photograph for the above mentioned purpose.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHOOL APPROVAL

**All applicants MUST have the approval of their school principal and counselor to be accepted into the Valley Teen Leadership program. Please have them sign below:**

We support the participation of \_\_\_\_\_ in the Valley Teen Leadership Program for 2010,  
(STUDENT NAME)

and we will approve of his / her absence on April 2 to attend this program day. The signature below indicates this student is in good standing with this school.

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

Principal Name (please print): \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Counselor Name (please print): \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## REFERENCES

Please give the enclosed reference forms to two adults (not relatives) who know you well. One must be from a school personnel (teacher/counselor) and the second from the community (neighbor, employer, pastor, family friend - but not a relative). It is **your** responsibility to get the completed references and submit them as a part of your complete application package. Please **do not** have them returned separate from your application.

Name of Reference \_\_\_\_\_ Name of Reference \_\_\_\_\_

Position or Title \_\_\_\_\_ Position or Title \_\_\_\_\_

**Please return completed application before November 17, 2009 (postmarked November 16, 2009).**