

Application for Junior Leadership Hudson

**INSTRUCTIONS**:

* Complete each portion of the application
* Print legibly in blue or black ink
* Be sure to sign all sections of the application

Completed applications must be delivered to **Mr. Bedford** at Hudson High School or **Mrs. Barsella** at WRA by **Friday, August 29**.

**PERSONAL DATA**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Father's Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Father’s Phone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mother's Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mother’s Phone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mother’s Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Legal Guardian (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Guardian’s Phone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Guardian’s Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORGANIZATIONS AND ACTIVITIES**

Please list, in order of personal preference, up to five school, volunteer, religious, social, athletic, work, or other activities in which you have participated or awards that you have received.

**Organization/Activity Grade Leadership Responsibility or Involvement**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the following three questions, you may utilize the blanks below or attach your response.

**1*.* What is your proudest accomplishment?(*100 words or less*)**

**2. Describe why you would like to participate in Junior Leadership Hudson. What would you like to gain from your experience? (*100 words or less*)**

**3. From your own experience, what is effective leadership? Use as examples individuals you know or have known who exhibit outstanding leadership characteristics. (*200 words or less*)**

**PROGRAM FEE**

If you are selected, please remit a fee of $**175.00**. Checks may be made payable to **Junior Leadership Hudson**. The cost helps cover events, speakers, transportation, all admission fees (where applicable), lunches and the student’s cost for the May graduation dinner.

**STUDENT COMMITMENT**

I wish to participate in Junior Leadership Hudson for the 2014-2015 school year. I understand that if I am selected I will be expected to attend all meetings and that it will be my obligation to make up all classwork and assignments that are missed during the day-long sessions. In addition, I understand that I will be asked to participate in the 2015 Taste of Hudson. More information will be available in the Spring.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the\_\_\_\_\_\_\_\_\_ (Father, Mother, Legal guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a student at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (School) in the \_\_\_\_\_\_\_\_\_ grade. I hereby grant permission for the above-mentioned child to attend the Junior Leadership Hudson program and related field experiences on the scheduled days and times during the 2014-2015 school year. I understand that the students will travel to field trip locations by means of buses operated by Petermann Bus Company (the company that provides transportation for Hudson Public Schools). In consideration of the child being allowed to participate in the Junior Leadership Hudson program and field trips, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the program and field trips. I further release, discharge, and/or otherwise indemnify the Junior Leadership Hudson and its committee, volunteers, and employees from all claims, judgments, liability by or on behalf of my child, myself, and my spouse for any injury or damage due to the child’s participation in the Program and field trips including all risks connected therewith whether foreseen or unforeseen.

Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child. I fully understand what is involved in the Junior Leadership Hudson program and related trips. I understand that I have the opportunity to call the program coordinator and ask him/her about the program. I understand that attendance at all meetings is mandatory. It is my child’s obligation to make up all classwork and assignments that are missed during the day-long sessions. I also give my permission for the above-named child to be included in the videotaping or photographing for newspaper, television, or other media covering and/or associated with the Junior Leadership Hudson Program.

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

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

**CONFIDENTIAL RECOMMENDATION FORM**

Please present this form to a current teacher, school administrator, clergy person, community leader, or another adult who knows you well.

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student named above is a candidate for Junior Leadership Hudson’s Class of 2015. We are seeking motivated students who exhibit a spirit of volunteerism, are viewed by their peers as a leader, demonstrate academic achievement, honor their commitments, and demonstrate creativity. Your willingness to complete this reference form thoughtfully and honestly is critical to the selection process and therefore greatly appreciated.

1. **How long have you known the student, and in what capacity?**
2. **What are the first three words or phrases that come to mind to describe this student?**
3. **Please comment on the student’s integrity, character, and contributions to your community.**

**d) Please elaborate on any of the student’s significant strengths or weaknesses as indicated by your evaluation above.**

**e) In your opinion, would participation in Junior Leadership Hudson be appropriate for this student?**

**f) Please note any additional information that will help us in gaining a more complete understanding of this student.**

**In relation to other students you have known in the same age group, please mark the appropriate box to represent your evaluation of the student in the following areas:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Truly Outstanding** | **Excellent** | **Above Average** | **Below Average** | **Unable to Observe** |
| Motivation |  |  |  |  |  |
| Academic Achievement |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Effort/Drive |  |  |  |  |  |
| Self-Discipline |  |  |  |  |  |
| Responsibility |  |  |  |  |  |
| Honesty/Trustworthiness |  |  |  |  |  |
| Concern for Others |  |  |  |  |  |
| Respect Accorded by Adults |  |  |  |  |  |
| Respect Accorded by Peers |  |  |  |  |  |
| Response to Criticism/Authority |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Self-Esteem |  |  |  |  |  |

**I recommend this student for Junior Leadership Hudson**

 **\_\_\_Enthusiastically \_\_\_ Confidently \_\_\_ With Reservation \_\_\_ Not at all**

Thank you for taking the time to complete this reference form. Your comments are a very important part of this candidate’s application. Be assured that all of the information you have provided is strictly confidential, utilized only in the selection process for Junior Leadership Hudson.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School/Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please deliver this completed recommendation to Bryan Bedford at Hudson High School or Kim Barsella at WRA by Friday, August 29.**