TOWN OF WINDSOR
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Youth Leadership Team

Application

2016 Y.L.T. APPLICATION

For Youth Entering 9th – 12th Grade in Fall 2016

Formally the Leader's in Training Program

The Youth Leadership Team (formally the Leader's In Training) is a diverse group of Windsor High School youth who are interested in learning more about leadership, assisting at community service events, and want to help make their school and community a better place for others.

This Y.L.T. application must be submitted to the

Windsor Youth Services Bureau.

The application can be mailed, faxed, or delivered in person to the Youth Services Office.

Town of Windsor Youth Services Bureau
L.P. Wilson Community Center
599 Matianuck Ave
Windsor, CT 06095
Phone: 860.285-1990
Fax: 860.285-1950
Email: maffiolini@townofwindsorct.com

August 19, 2016

Dear Prospective Y.L.T. Participant,

We are excited that you have made the decision to apply for one of our Y.L.T. positions for the upcoming 2016 school year. The Y.L.T. Program, formally Leader's in Training, is brought to you by the Windsor Youth Services Bureau. The Y.L.T. program takes place at 330 Windsor Avenue Community Center. This program is designed for youth to gain real-life experiences and responsibilities that will help you in your schooling, and can assist you in obtaining other employment opportunities in the future. **Space in this program is highly competitive and only a limited number of youth will be accepted.**

Once your application is turned in:

- You will receive a phone call and letter with a **mandatory interview** in order to fully qualify for the position. This interview is a chance for you to showcase your desire to become a leader in the community.
- If you are chosen after your interview, there will be a **mandatory training with your parent/guardian** where valuable information regarding the Youth Services policies and expectations of duties for this school year will take place. This training will be determined at a later date.

The Y.L.T. program begins on Monday, September 19, 2016 – December 23, 2016. Transportation is provided. The Youth Services bus will pick up at Windsor High School at 2:10pm by the tennis courts. The program runs from 2:10-5:30p.m. at 330 Windsor Avenue Community Center. **This program fee is $10 a month.**

Please return this application no later than Friday, September 9th, 2016

We must adhere to this deadline.

Please fill out the attached pages completely, **leaving no information blank**. The more information you can provide the more informed decision we can make on choosing the right position for you. Feel free to call Ms. Sarah Maffiolini, Youth Services Coordinator, at 860.285-1946 if you have any questions.

Thank you for your time and we look forward to receiving your application.

Sincerely,

Sarah Maffiolini

Youth Services Coordinator

Maffiolini@townofwindsorct.com

Y.L.T. Application

To be filled out by youth, not parent/guardian.

Name_____Age_____Grade in Fall **2016**_____

School_____

1. What (if any) Windsor Youth Services programs have you joined in the past?
   _____
2. If yes, how many years have you attended? _____

Please answer the questions below (please print neatly)

1. What jobs or volunteer experiences do you have?
   a. Supervisor: _____ phone: _____

      Address_____

      Duties_____

   b. Supervisor: _____ phone: _____

      Address_____

      Duties _____
2. List any specific skills you have (i.e. arts and crafts, computers, sports, dance, etc.)

   _____

   _____
3. Certifications (i.e. Water Safety, First Aid, CPR) _____
4. List 4 strengths and weaknesses of yours.

   Strengths: _____

   Weaknesses:_____
5. What is your definition of the word "fun"? _____

   _____

   _____

SEE NEXT PAGE FOR SHORT ANSWER QUESTION

SHORT ANSWER RESPONSE

Question: Why do you want to join the Youth Leadership Team this school year?

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RESUME – If you have one, please attach your resume.

REFERENCES - We will call/check your references.

Your Name _____

Please list the names, addresses, and phone numbers of two references **not related to you**.

a. Name_____

Address_____

Phone Number_____

Relation_____

How long have you known them? _____

b. Name_____

Address_____

Phone Number_____

Relation_____

How long have you known them? _____

Date of Application_____

Youth's Name:_____Youth's Cell #:_____

Youth's Email Address_____

Parent/Guardian's Name:_____

Parent/Guardian's Telephone #:_____E-mail address:_____

Home address:_____

Applicant's Signature: _____

Parent/Guardian's Signature:_____