



**ROTARY YOUTH LEADERSHIP PROGRAM  
AT GUILFORD COLLEGE  
Leadership Advisor Application**

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Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Parent/Guardian Address (if different): \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

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School: \_\_\_\_\_  
 School Address: \_\_\_\_\_  
 \_\_\_ Sophomore                      \_\_\_ Junior                      \_\_\_ Senior                      \_\_\_ Graduate  
 Major: \_\_\_\_\_

**PROGRAM/CAMP EXPERIENCE (Please specify if camper or counselor)**

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Program/Camp: \_\_\_\_\_ Location: \_\_\_\_\_  
 Position: \_\_\_\_\_ Date: \_\_\_\_\_  
 Program/Camp: \_\_\_\_\_ Location: \_\_\_\_\_  
 Position: \_\_\_\_\_ Date: \_\_\_\_\_  
 Program/Camp: \_\_\_\_\_ Location: \_\_\_\_\_  
 Position: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCES (Please do not include family)**

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

(Please include recommendation letters from each of these above named individuals with the application)

**DEMOGRAPHICS**

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( ) Male                      ( ) Female                      Age/Date of Birth: \_\_\_\_\_

**ESSAY**

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Describe any special training or qualifications that you have that might assist you as a Leadership Advisor at the Rotary Youth Leadership Program. Stress leadership or teaching experiences.

Please describe the value of a youth leadership program to the participants.

The information I have provided is accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_