



Center for
Creative
Leadership
NORTH AMERICA EUROPE ASIA
www.ccl.org



Guilford
COLLEGE

ROTARY YOUTH LEADERSHIP PROGRAM Leadership Advisor Application

Name: _____ Preferred Name: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian Name: _____

Parent/Guardian Address (if different): _____

EDUCATION

School: _____

School Address: _____

Sophomore Junior Senior Graduate

Major: _____

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

Program/Camp: _____ Location: _____

Position: _____ Date: _____

Program/Camp: _____ Location: _____

Position: _____ Date: _____

Program/Camp: _____ Location: _____

Position: _____ Date: _____

REFERENCES (Please do not include family)

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

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

DEMOGRAPHICS

Male

Female

Age/Date of Birth: _____

ESSAYS

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

(2) Please describe what you believe to be the greatest benefit of the RYLP to the participants.

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

Signature: _____ Date: _____

Fax or email the signed and completed RYLP Leadership Advisor Application to:

RYLP Leadership Advisors
Rotary Club of Greensboro
612 Pasteur Drive, Suite 405
Greensboro, NC 27403
afragola@greensbororotary.org