

Geauga Youth Leadership Training



The Geauga Youth Advisory Council is excited to announce their Youth Leadership Training! This leadership training give you as a youth an excellent opportunity to become an active voice in your community, meet and inspire new people, and develop lasting leadership skills that you can use well into your future.

As a member of the Youth Leadership Council, you will have the opportunity to make a real difference in your school and in your community. You will be given the opportunity to:

- Partner with other high school student leaders from multi Northeast Ohio Counties.
- Develop leadership skills and build your resume.
- Learn skills needed for Camp Burton, 4H, Mentoring, Geauga Youth Advisory Council, Geauga Youth Led Prevention
- Help create a happy, healthy, safe and drug free County.

Leadership fees:

- Geauga County youth leaders are free
- Lake County youth leaders have a fee of \$10
- Other Counties youth leaders have a fee of \$25

Please make checks payable to: Geauga County Educational Service Center

Leadership Training will be March 18, 2016 4:30-10:00
At the OSU Branch at the Geauga County Fairgrounds 14269
Claridon-Troy Road Burton, OH 44201

APPLICATION DEADLINE IS March 15, 2016!

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For more information, answers to any questions, or to submit an application please contact:

Holly Collins Jacobson: Geauga Youth Led Prevention Coordinator
16450 Stagecoach Drive
Garrettsville, Ohio 44231
Phone: (440) 476-6529
Email: HollyJacobson14@gmail.com or geuagayac@gmail.com

Geauga Youth Advisory Council (YAC): Youth empowering youth throughout Geauga county communities to create a healthy lifestyle for themselves and future generations through demonstration of prevention and leadership skills.

Geauga Youth Leadership Training Application



Participant Information			
Name:		Cell Phone: _____	
		Twitter: @_____	
Address:			
City:		State:	Zip Code:
Age:	Birthdate: / /	Sex (Circle one) Male Female	
School:		Email Address:	
Parent/Guardian Name(s):		Grade: (Circle One)	
Telephone Number(s):		9 10 11 12	
Leadership group you're involved in:			
Consent / Release of Liability (TO BE COMPLETED BY PARENT/GUARDIAN IF UNDER 18)			
Yes _____ No _____ I understand that pictures and video will be taken which may be used for education and/or marketing purposes.			
Yes _____ No _____ I release Geauga Educational Service Center, Geauga Youth Led Prevention, Geauga Youth Advisory Council, Lake Geauga Recovery Center, Ravenwood MHC and any volunteers and affiliates from liability for personal injury or property loss/damage incurred at any Youth Advisory Council or Youth Led Prevention event, activity, or experience.			
PERSONS TO CONTACT IN CASE OF AN EMERGENCY			
Name _____		Relationship _____	
Phone (____) _____		2 nd Phone (____) _____	
Name _____		Relationship _____	
Phone (____) _____		2 nd Phone (____) _____	
List all relevant medical conditions, allergies, and food allergies relevant to this application and participation in the Leadership Training:			
