



## Boone County Youth Cabinet Application 2020-2021

Dear Applicant:

Thank you for your interest in applying to the Boone County Youth Cabinet! The Boone County Fiscal Court and R.C. Durr YMCA are seeking applications from high school sophomores to be selected for participation in their 2020-2021 junior year.

The Boone County Youth Cabinet (BCYC) was established eighteen years ago by the Boone County Fiscal Court in an effort to help students develop in the areas of leadership and civic responsibility by offering perspectives from the Judge-Executive and other Fiscal Court officials. Students will become familiar with the legal and judicial processes, engage in decision-making/service-learning activities, and interact with county officials to get a better understanding of local government and its impact on the community.

Please consider other commitments prior to applying. College classes and other extra-curricular activities may impact your ability to fully participate in the program.

### **Eligibility – Applicants must:**

- Be a current sophomore residing in Boone County
- Demonstrate leadership potential in their school/community
- Have an interest in furthering their knowledge about local government
- Receive approval by high school principal and parents (attached)

### **Expectations if Selected:**

- Students and their families are responsible for transportation to and from activities
- Must attend planned monthly activities from August 2020 to April 2021—most of these occur once/month but days and times will vary
  - Please look at [BCYC schedule example](#) for a better idea of program commitments
- Failure to attend two (2) activities could result in termination from the program

### **Application Requirements:**

- Please complete the attached PDF form including basic information/permissions, work and extracurricular activities chart, and supplemental questions
- Once complete, submit to **Attn: Dayna Schambach by 5:00pm Tuesday, March 31, 2020** via:
  - E-mail: [dschambach@boonecountyky.org](mailto:dschambach@boonecountyky.org)
  - Fax: **(859) 334-3648**
  - Or mail: **Boone County Human Services Department  
P.O. Box 296  
Burlington, Kentucky 41005**

The BCYC Advisory Committee will make the final determination concerning the selection of the students and the Committee's decision is final. All applications become the property of Boone County, and will not be returned.

Thank you for your consideration in applying to Boone County Youth Cabinet. Feel free to contact Dayna Schambach at (859) 334-3633 with any questions regarding the program or application.

Sincerely,

Laura Pleiman  
Director of Human Services

### Basic Information – Student Signature – Permissions

Name: (Last, First, Middle)		Phone:	
E-mail:	DOB:	Age:	Sex:
Address: (Street, City, Zip)			
Course Work Level: _____Advanced_____Honors_____Basic		GPA:	
High School:		Parent(s)/Guardian:	
School Counselor:		Counselor #:	

### Student Attendance and Responsibilities

I acknowledge that I have reviewed the BCYC website and have considered my other commitments including college classes, employment obligations, and other extra-curricular activities. I acknowledge that full attendance and participation is essential to having a successful BCYC experience and accept that 2 or more unexcused absences may terminate me from the program.

I understand that the application is not complete until my parent/guardian and school principal sign this form.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent/Guardian Permission

I have read the information regarding Boone County Youth Cabinet and am willing to have my child participate. I understand it is my responsibility to provide timely transportation for my child to and from activities. If transportation is required during an activity, BCYC, its agents, and its employees have my full permission and consent to transport my child by bus, streetcar, private automobile, van or other appropriate means of transportation. I understand that most sessions will occur during the school day and that my child will be picked up within 30 minutes of the activity conclusion.

I hereby release and hold harmless BCYC, its members, its agents, employees, or any individuals involved in planning, organizing or presenting programs for any accident, injury, illness or any damage whatsoever related to the above mentioned student's attendance at or participation in any activity of BCYC.

I hereby grant BCYC permission to photograph my child and to publish the photos in connection with the advertisement of BCYC including, without limitation, brochures, portfolios, flyers, catalogues, social media, and websites.

**Printed Name of Parent/Legal Guardian:** \_\_\_\_\_

**Signature of Parent/Legal Guradian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 2020-2021 School Contact Information and Approval

**School Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Signature of Principal or School Rep.** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Contact Information**

Parent/Guardian 1:	Parent/Guardian 2:
Cell Phone:	Cell Phone:
E-mail:	E-mail:

**Work History**

Name of Job/Employer	Length of Employment	Brief Description of Job

**Extra Curricular Activities**

Club/Office/Sport/Activity	Length of Participation	Your Role and Brief Description

