



LEADERSHIP SARASOTA

BUILDING TODAY'S LEADERS. CLASS OF 2026 APPLICATION



PROGRAM GOALS

- ✓ To allow rising high school juniors and seniors to explore career possibilities within our community.
- ✓ Give young people the knowledge, tools, and contacts to create successful leaders.
- ✓ Immerse young leaders into Sarasota's businesses, organizations, and every aspect of the community.
- ✓ Provide participants a chance to serve their community.
- ✓ Present young leaders with a rewarding and fun experience, all which they earn community service hours for.

For more information, please reach out to Pete Bartosik at pbartosik@sarasotachamber.com.

SEPTEMBER
20

Orientation
9:00 AM - 12:00 PM



OCTOBER
14

Program Day 1
12:30 PM - 4:30 PM



NOVEMBER
4

Program Day 2
12:30 PM - 4:30 PM



NOVEMBER
19

**Leadership
Connections Night I**
4:00 PM - 6:00 PM



DECEMBER
9

Program Day 3
12:30 PM - 4:30 PM



JANUARY
13

Program Day 4
12:30 PM - 4:30 PM



FEBRUARY
10

Program Day 5
12:30 PM - 4:30 PM



MARCH
11

**Leadership
Connections Night II**
4:00 PM - 6:00 PM



APRIL
7

Program Day 6
12:30 PM - 4:30 PM



APRIL
11

**Youth Community
Service Day**
8:00 AM - 12:00 PM



MAY
7

Graduation
5:30 PM



APPLICATION CHECKLIST

Please type or print. Only completed applications will be considered and must include:

1. Applicant's Submittal. Fill out completely, including the back page.
2. Guardian's Waiver. Have this completed by your parent or guardian and include it with your completed application.

I understand that I must complete the Applicant's Submittal portion of this by myself, and state that no one else has completed the application on my behalf. ☐ **Yes** ☐ **No**

REQUIREMENTS OF THE PROGRAM

Attendance of all sessions listed on the Program Schedule on page 1 is required for each student. To graduate, Participants must be present at:

- Welcome Orientation - Saturday, September 20th, 2025, 9:00 am to noon
- Connections Night I - Wednesday, November 19th, 2025, 4:00 pm to 6:00 pm
- Connections Night II - Wednesday, March 11th, 2026, 4:00 pm to 6:00 pm
- Community Service Day - Saturday, April 11th, 2026, 8:00 am - 12:00 pm

Students who miss more than **two** of the remaining scheduled program days or events will be dismissed from the program without the opportunity to graduate. Please note that for quality purposes of the program and to provide the best experience for the class, absences are not identified as excused or unexcused. We understand that unforeseen circumstances sometimes occur. However, Youth may miss **no more than two program days or events** to successfully graduate from the program.

I have compared my schedule with the Program Schedule on page 1 and agree, if I am selected, to commit to attending every one of the program sessions absent extraordinary circumstances. I understand if I miss Orientation or Community Service Day or more than two other program days or events listed, I will not graduate from the Program and will not receive a tuition refund.

☐ Yes ☐ No

Shirt: ☐ Men's ☐ Women's **Size:** _____

I agree that if selected, I will wear the Leadership shirt issued to me, khaki or black pants and closed toe shoes to each of the activities unless informed otherwise, out of respect for the professional establishments we will be visiting. I will not wear jeans, shorts, or flip flops.

I understand that I will be responsible for my own transportation on all the scheduled days. Some days there may be a bus provided between locations for site visits during the days or events. It is a requirement of the program that I ride the bus with my classmates (when applicable).

I further understand that email will be the primary method of communication between the program leaders and the participants. If I am selected, I will have an active email account that I will check daily for communication about the program and provide a parent email for informational purposes. I understand that the adult program coordinators may choose to utilize an adult-monitored, "closed group" social media site, (such as Facebook, WhatsApp, Discord), to facilitate communication and coordination among the participants and that participating in such a site is voluntary and requires consent of my parent or guardian if I wish to participate.

Signature of Applicant

Signature of Parent or Guardian



All applications will be reviewed in confidence, and only completed applications will be considered. Participants will be selected solely based on information provided in this confidential application and references. All applicants will be notified in writing of the selection committee's decision.

Email completed application by July 11th, 2025 to: PBARTOSIK@SARASOTACHAMBER.COM

PERSONAL INFORMATION

Name (Last, First)

Preferred Name

Gender

Home Address

City

Zip Code

Cell Phone

Email

Birth Date

School

PARENT/GUARDIAN INFORMATION

Name

Email

Phone

GENERAL INFORMATION - Please attach extra sheet if necessary

1. Using a few phrases or adjectives, describe yourself (personality, character, etc.)

2. Briefly describe two of the most significant problems facing Sarasota County.

3. Give a possible solution to one of the problems you listed.

4. How do you believe you can contribute to improving this community?

5. What are your long-term goals? (Please include any education plans or career interests).

6. Other than your parents, who do you most admire and why?

7. What qualifications make an effective leader?

.....

SCHOOL EXPERIENCE

Other schools attended:

List up to three special awards, honors, or recognitions you have received from the 7th through 10th grades for academic or community-related activities.

Main areas of interest in studies:

ORGANIZATIONS AND ACTIVITIES

Please list in order of importance to you, up to three school, volunteer, social, athletic, artistic, or other activities or groups in which you have participated during the last four years:

ORGANIZATION/ACTIVITY	GRADE IN SCHOOL	LEADERSHIP RESPONSIBILITY OR INVOLVEMENT
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

WORK EXPERIENCE

List any part-time job experience you have, paid or volunteer, and briefly tell what is involved.

Do you currently have a part-time job? ☐ Yes ☐ No **If Yes,** how many hours a week? _____

Would your job interfere with your attendance at Youth Leadership Sarasota? ☐ Yes ☐ No

ADULT REFERENCE (Non-Relative)

Name Email

Phone

A \$195 program fee is due **upon acceptance** to the Youth Leadership Sarasota Program, which includes your Leadership-issued shirt. **PLEASE DO NOT SEND FEE WITH THIS APPLICATION!**

Financial assistance will be available to those who cannot participate in the program due to the \$195 fee. Please indicate whether you will be seeking financial assistance.

I would like to be considered for financial assistance to help with the program fee:
☐ Yes ☐ No

Do you need help with transportation? (Majority of the days, Youth are expected to drive on their own)
☐ Yes ☐ No

GUARDIAN'S WAIVER AUTHORIZATION AND RELEASE

I, the undersigned, am the parent or guardian of _____, a high school Student.
(Print Name of Youth)

I understand that if my child is selected as a participant in the Youth Leadership Sarasota program, which is sponsored by the Greater Sarasota Chamber of Commerce ("GSCC"), I will give my approval for my child's participation in the program, which will require my child to attend events organized by GSCC that will start and end at a variety of different locations in Sarasota County. I understand that for a high-quality program, it is necessary to travel to various places during the Youth Days. I understand that for some events, my child may be transported on buses or other vehicles arranged by GSCC, and I authorize GSCC to include my child in such transportation arrangements. I also understand that all Youth must have reliable transportation on days when no buses are scheduled.

I understand that participants in the program may be photographed or videotaped. I authorize the use of any photographs or video of my child in conjunction with GSCC.

I further understand that email is the primary method of communication between the program leaders and the participants. If my child is selected, he or she will have an active email account that is checked daily for communication about the program. I understand that as the parent or guardian of a participant in the program, I will also provide my email address for communication with the program coordinators and will assist my child in managing communication and notifications for the program.

I understand that the adult program coordinators may choose to utilize an adult-monitored, "closed group" social media site, (such as Facebook, WhatsApp, Discord, etc.), to facilitate communication and coordination among the participants. Only confirmed class members and approved adult coordinators will be authorized to view and comment upon information on any such site and all such information will otherwise be private to the members of the group. I understand that participating in such a site is not a requirement for participation in the program, but that doing so may assist my child in facilitating and communicating information with respect to the program.

My child has no special physical or medical condition that would make his or her participation in the program inappropriate. I agree that GSCC shall not be responsible for any injury or illness sustained by my child as a result of his or her participation in the program, including injury or illness sustained during travel to and from program events.

On behalf of myself, my child, and any other parent or guardian of my child, I release and agree to indemnify GSCC from liability for any claims, suits, or expenses resulting from any injury or illness sustained by my child, or any damage or loss to property in the possession of my child, arising out of my child's participation in the program. This Authorization and Release is for the benefit of GSCC and its officers, directors, members, and agents.

I have read and understand the provisions of this Authorization and Release.

Date

Signature of Parent or Guardian

Print Name of Parent or Guardian

Youth Leadership Participant Information Form

Medical Information

Please list any allergies (including food): _____

Does your child wear contact lenses, a hearing aid, or other assistive devices?

☐ Yes ☐ No

Does your child have a chronic disease or condition we should know?

☐ Yes ☐ No

Does your child have any special needs?

☐ Yes ☐ No

If you answered yes to any of the above questions, please specify:

Emergency Contact Person

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Permissions

Students participating in the Youth Leadership Program may appear in photos and/or videos to be used for promotional purposes by the Chamber.

☐ I agree to allow my child to participate in promotional/publicity opportunities for the Youth Leadership Program.

☐ I do not want my child to participate in promotional/publicity opportunities for the Youth Leadership Program.

Transportation

☐ I understand group transportation is not provided. As a parent/guardian, I will not hold the Greater Sarasota Chamber of Commerce or the Program Authorities responsible for any accidents or traffic/parking violations involving my student.

Statement of Risk and Liability, Certificate of Health Emergency Waiver

In consideration for allowing _____ to participate in the Youth Leadership Program, I, as his/her parent/guardian, represent and affirm to The Greater Sarasota Chamber of Commerce that:

1. I understand that participating in any activity involves a risk of injury or harm.
2. All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from and during the program.
3. I certify that my child is in good health and has no physical condition that would prevent him/her from participating in the program.
4. In the event of the Program's inability to locate me, or the emergency contact designee, I permit the Program Authorities to take such emergency measures as they deem appropriate until the emergency contact designee or myself can be contacted.
5. I will not hold The Greater Sarasota Chamber of Commerce, its employees, and agents responsible for any injury or other harm that results from program participation.
6. It is acknowledged that physical exertion may be required, and the undersigned may be exposed to a location and environment where personal injury may result. Leadership Sarasota, The Greater Sarasota County Chamber of Commerce, its directors, officers, employees, volunteers, agents, representatives, classmates, and all persons acting jointly or in concert with them are hereby and shall be released from any claims, demands, damages, liability, causes of action, etc., the undersigned may have or have in the future for injuries and damage arising from participation in the Leadership Sarasota program

Name of Parent/Guardian: _____

Signature: _____

Date: _____