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## **TEEN LEADERSHIP CLASS OF 2025**

Teen Leadership Venice is a program that provides area high school students a chance to enhance their knowledge and develop leadership skills that will empower and motivate them to become involved and committed to their community.

Students who will be freshmen, sophomores, juniors, or seniors during the 2024-2025 school year are eligible to apply.

### **Selection Process**

The Selection Committee will select participants for the program based on the application and references. No fee is due prior to acceptance.

### **How to Apply**

1. Complete the first three pages of the application.
  - a. If your application is not complete, your application may not be considered.
2. Sign your name at the bottom of page three.
3. Prepare and attach your essays to your application.
4. Request that your high school principal complete the permission form and send it directly to Barbara Hines at [bhines@venicechamber.com](mailto:bhines@venicechamber.com).
5. Applications must be submitted by Wednesday, August 28, 2024.

Mail application to:

Barbara Hines

Venice Area Chamber of Commerce

597 S Tamiami Trail, Venice, FL 34285 or email to: [bhines@venicechamber.com](mailto:bhines@venicechamber.com)



## CLASS OF 2025 APPLICATION

### Personal Information

Name \_\_\_\_\_

First

MI

Last

Preferred name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home address \_\_\_\_\_

Street

City

Zip

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_ School \_\_\_\_\_

### Teen Leadership Information

How did you find out about Teen Leadership Venice? \_\_\_\_\_

How will you get to the off-site class sessions? \_\_\_\_\_

### References

**Principal Permission Form:** Principal permission form must be completed by the school principal. The student understands that they must follow the school protocol for absences and must advise school prior to each absence.

Please respond to the following questions and attach your completed essays to your application. Be sure to type your response. These essays will be an important part of the selection process.

**A. Leadership**

Describe what it takes to be a leader and provide an example of when you demonstrated one or more of these skills. (Maximum one page, double spaced)

**B. Perseverance**

Every obstacle we face in life comes with an opportunity to learn something new. Describe a challenge that you have faced, how you persevered, and what you learned from the experience. (Maximum half page, double spaced)

**C. Future**

What do you see yourself doing in 10 years? (Maximum half page, double spaced)

### Parent/Guardian Permission

If accepted, my son/daughter has permission to participate in this program. I understand this includes the Saturday orientation and the scheduled program days.

I understand that the principal of the high school has approved the students' participation, but the student must follow school protocol for their absences.

I also give my permission for my son/daughter's photo to be used on the Venice Chamber website and in marketing materials.

### Class Schedule

**September 28**, Orientation, **8:30 AM – 12:00**

**October 8**, Arts & Culture Day

**November 12**, Health & Human Services Day

**December 10**, Community Awareness Day

**January 14**, Law Enforcement Day

**February 11**, Commerce & Industry Day

**March 11**, Venice History Day

**April 8**, Graduation, **5:30 PM**

**\*All Classes are 1:00 – 5:00 unless otherwise noted.**

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Name of parent/guardian (please print)

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Date

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Signature

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Email

### Student Agreement

I certify that the answers given herein are true and complete to the best of my knowledge. I am a high school student who is in 9th – 12th grade in the 2024-2025 academic year.

### Attendance

If selected, I commit to attending the opening orientation and all subsequent sessions. I understand the fee to participate is \$50. The fee is totally refundable if the student completely attends all sessions. (Student must arrive on time and leave at the designated dismissal time.) 100% attendance by each participant is expected. Two excused absences will be allowed if prior permission is received by the Venice Area Chamber of Commerce. *(Any absence voids the refundable fee.)*

### Photograph Release

I give permission for my photograph to be used on the Venice Area Chamber of Commerce website and in any Venice Area Chamber of Commerce marketing materials.

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Name of applicant (please print)

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Date

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Signature of applicant

**ALL COMPLETED APPLICATION MATERIALS MUST BE RECEIVED IN THE CHAMBER OFFICE BY:  
Wednesday, August 28, 2024.**



# CLASS OF 2025 EDUCATOR REFERENCE

## Part 1: Completed by the Applicant

Name \_\_\_\_\_  
First MI Last

I understand the information provided by the reference will be kept confidential and will not be divulged to me at any time.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

## Part II: Completed by Educator

Name \_\_\_\_\_  
First Last

School \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

The above student is an applicant for the Teen Leadership program. The program is designed to enhance knowledge of and develop leadership skills in a diverse group of high school students that empower and motivate them to become involved and committed to their community. The sessions feature a lively combination of speakers, small group experiences, and tours.

1. Give examples of the applicant's primary talents or strengths. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Give one example where this student can improve. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What would this student contribute to the program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Does this student have the capacity to benefit from leadership training? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please submit this form by August 28, 2024, to Barbara Hines, Venice Area Chamber of Commerce, 597 S Tamiami Trail, Venice, FL 34285, or email to [bhines@venicechamber.com](mailto:bhines@venicechamber.com). **DO NOT RETURN TO THE APPLICANT.**



# CLASS OF 2025 COMMUNITY REFERENCE

## Part 1: Completed by the Applicant

Name \_\_\_\_\_  
First MI Last

I understand that the information provided by the reference will be kept confidential and will not be divulged to me at any time.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

## Part II: Completed by Community Reference (not a teacher, parent or relative)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

The above student is an applicant for the Teen Leadership program. The program is designed to enhance the knowledge of and develop leadership skills in a diverse group of high school students to empower and motivate them to become involved and committed to their community. The sessions feature a lively combination of speakers, small group experiences, and tours.

1. How long and in what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Give examples of the applicant's primary talents or strengths. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Give one example where this student can improve. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What would this student contribute to the program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Why is this opportunity important for the student? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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## CLASS OF 2025 PRINCIPAL PERMISSION

### To be completed by the School Principal

All applicants must have approval from their school principal to attend the sessions of the Teen Leadership program.

I approve of the participation of \_\_\_\_\_ (Student name) in the Teen Leadership program for 2024-2025. The student meets the criteria of being academically sound and in good standing. I hereby approve the program days as absences per school protocol.

Principal Name (Please print) \_\_\_\_\_

Signature of Principal \_\_\_\_\_

### Please submit this form by Wednesday, August 28, 2024, to:

Barbara Hines, Venice Area Chamber of Commerce, 597 S Tamiami Trail, Venice, FL 34285, or email to [bhines@venicechamber.com](mailto:bhines@venicechamber.com).

Any questions may be directed to Barbara Hines by phone at 941.800.1482.