ACMH Youth Leadership Camp 2020

APPLICATION  
Due Date: July 10, 2020

Information

|  |  |
| --- | --- |
| **Name** |  |
| **Age** |  |
| **Date of Birth** |  |
| **Street Address** |  |
| **Zip Code** |  |
| **County** |  |
| **Home Phone** |  |
| **Cell Phone** |  |
| **Email** |  |

**\*\*Parent/Guardian Information -- If Under 18\*\***

|  |  |
| --- | --- |
| **Name** |  |
| **Contact** |  |
| **Signature** |  |

Short Answer Questions

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| 1. **Why are you interested in attending the ACMH Youth Leadership Camp?** |
| 1. **Briefly describe your leadership style. What skills or strengths will you bring to this event?** |
| 1. **What do you hope to gain as a result of attending the ACMH Youth Leadership Camp?** |

Please submit application by **July 10, 2020** to Sara Reynolds by e-mail at [sreynolds@acmh-mi.org](mailto:sreynolds@acmh-mi.org) or digitally here: <https://forms.gle/TTMrfNem7ZawoXrY9>.  
Space is limited. Participants will be selected individually based on capacity and application responses.