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?**
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| 1. **Briefly describe your leadership style. What skills or strengths will you bring to this event?**
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| 1. **What do you hope to gain as a result of attending the ACMH Youth Leadership Camp?**
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Please submit application by **July 10, 2020** to Sara Reynolds by e-mail at 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.