

## **Rockdale Youth Leadership 2025-2026**

Thank you for your interest in the Rockdale Youth Leadership Program. You can be nominated by a student, parent, teacher, counselor, administrator, or by yourself to participate in this year's program.

**Students must complete the application and have the reference forms completed by a counselor and a coach, teacher, or administrator at their school.**

Rockdale Youth Leadership (RYL) provides leadership development and community awareness training for 10<sup>th</sup> grade students in Rockdale County Public Schools. Through collaboration with the Conyers-Rockdale Chamber of Commerce and Rockdale County Public Schools, aspiring youth leaders will have the opportunity to interact with local decision makers and participate in community service activities. During the program, students will interact with community leaders, local elected officials, and school administrators to enhance their awareness of community needs and resources. Through interactive workshops, special tours, and community service projects, RYL participants will develop the knowledge and skills necessary to become confident, caring leaders in their community and respective schools. To be nominated for participation in RYL, students must have met the following criteria:

- Demonstrate leadership potential. (school/community)
- Minimum 2.5 GPA.
- Student in good standing with clear attendance and behavior records. (We review high school attendance and discipline reports.)
- Willing to participate in community service activities.
- Willing to participate in all sessions after school including some Saturdays.
- Willing to pursue a school leadership role following participation in the program.
- Complete the application in its entirety.

The RYL program is held from September 2025 to April 2026. Please review the entire RYL application packet to understand all the requirements. **The RYL Class of 2026 will kick-off on Tuesday, September 16, 2025, with an orientation session.** Please see the calendar inside for details. *(Dates subject to change.)*  
**Accepted students must attend the orientation session along with at least one parent/guardian.**

### **Application Submission**

**The RYL application deadline is FRIDAY, SEPTEMBER 5, 2025, by 5 p.m.**

**Applications may be submitted electronically or as a hard copy.**

- **Hard copy:** To submit a hard copy of the application, complete the form and return it to Samantha Swaney, School Student Relations Specialist at **Rockdale Career Academy, 1064 Culpepper Drive.**  
**\*Must be received by the deadline. \***
- **Electronic copy:** To submit an electronic copy of the application, complete the form, save it with your name in the file name, and e-mail it to Bridgett Copeland, [bcopeland@rockdale.k12.ga.us](mailto:bcopeland@rockdale.k12.ga.us).

**Be sure that teacher and counselor references are sent in a timely manner, so the person making the reference can complete and return the form by the deadline.**

*If you have any questions or concerns, please contact:*

|                                                                                                                                  |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <i>Bridgett Copeland, RYL District Sponsor</i><br><a href="mailto:Bcopeland@rockdale.k12.ga.us">Bcopeland@rockdale.k12.ga.us</a> | <i>Samantha Swaney, RYL School Sponsor</i><br><a href="mailto:Sswaney@rockdale.k12.ga.us">Sswaney@rockdale.k12.ga.us</a> |
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# **Rockdale Youth Leadership 2025-2026 Application TYPE or PRINT NEATLY**

## **Student Part: Personal Information**

Applicant's Name: \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

Home Address: \_\_\_\_\_

Apt #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

Your age: \_\_\_\_\_

Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Your high school: \_\_\_\_\_

Your career pathway: \_\_\_\_\_

Hobbies/leisure time activities: \_\_\_\_\_

Plans following your high school graduation: \_\_\_\_\_

### **Select Your Shirt Size: (Men's/Women's shirt):**

☐ X-Small   ☐ Small   ☐ Medium   ☐ Large   ☐ XL   ☐ 2XL

Counselor Name: \_\_\_\_\_

Second Recommendation Form Completer's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Parent/Guardian Cell Number: \_\_\_\_\_

## School and Community Involvement

Please list in **ORDER OF IMPORTANCE TO YOU** (up to six) any school, club, sports, civic, religious, social, employment, or other activities in which you are a participant. Include only those activities in which you have been involved since 9<sup>th</sup> grade.

|                  | Organization | Position Held | Dates of Involvement |
|------------------|--------------|---------------|----------------------|
| School           | _____        | _____         | _____                |
|                  | _____        | _____         | _____                |
|                  | _____        | _____         | _____                |
|                  | _____        | _____         | _____                |
| Community        | _____        | _____         | _____                |
|                  | _____        | _____         | _____                |
|                  | _____        | _____         | _____                |
|                  | _____        | _____         | _____                |
| Other Activities | _____        | _____         | _____                |
|                  | _____        | _____         | _____                |
|                  | _____        | _____         | _____                |
|                  | _____        | _____         | _____                |

**Have you been as active in school, community,  
or other activities as you would like to be?**

Yes ☐ No ☐ If no, what has been the major barrier to greater participation?

## Leadership Assessment

Please answer the following three questions in the space provided.

Use additional paper if necessary.

**GRAMMAR COUNTS. USE CORRECT SPELLING AND PUNCTUATION.**

1. What is a critical issue facing your high school? Please include in your response how this issue affects your education and how you see youth playing a role in addressing this issue.

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2. What is your personal definition of leadership?

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3. Describe your leadership skills.

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## Rockdale Youth Leadership 2025-2026 Tentative Schedule\*

| Date               | Day       | Activity                                                  | Time                  | Possible Points |
|--------------------|-----------|-----------------------------------------------------------|-----------------------|-----------------|
| September 5, 2025  | Friday    | Applications Due                                          | 5 p.m.                | -               |
| September 11, 2025 | Thursday  | Announce RYL class                                        | N/A                   | -               |
| September 16, 2025 | Tuesday   | Orientation                                               | 6:00 p.m. – 7:00 p.m. | 2               |
| October 16, 2025   | Thursday  | Leadership Retreat                                        | 1:30 p.m. – 5:00 p.m. | 4               |
| November 3, 2025   | Monday    | Educating Our Community                                   | 1:30 p.m. – 4:30 p.m. | 3               |
| January 13, 2026   | Tuesday   | Exploring Our County                                      | 5:30 p.m. – 7:30 p.m. | 2               |
| February 5, 2026   | Thursday  | Exploring Our City                                        | 8:30 a.m. – 2:00 p.m. | 6               |
| March 18, 2026     | Wednesday | Caring in Our Community-Wellness Day at Piedmont Rockdale | 1:30 p.m.- 5:00 p.m.  | 4               |
| March 2026         | Saturday  | Giving Back to Our Community- MANDATORY                   |                       | 6               |
| April 01, 2026     | Wednesday | Culture in Our Community- Olde Town Conyers               | 1:30 p.m.- 6:00 p.m.  | 5               |
| April 18, 2026     | Saturday  | Teen Leadership Summit-RCA                                | 8:30 a.m.-12 noon     | 4               |
| April 21, 2026     | Tuesday   | Program Completion Ceremony- RCA Auditorium               | 6:30 p.m.-7:30 p.m.   | -               |

Total Possible Points **36**

Points needed for Graduation **27**

- Board of Education Meeting to receive County Commission Minutes: **1 point**

**\*Dates/times subject to change. Complete schedule will be provided at Orientation.**

### Applicant and Parent/Guardian Commitment

To graduate from Rockdale Youth Leadership, a student is expected to earn a minimum of **27 points** by attending scheduled RYL sessions or make-up sessions as listed above. Participation in the community service day in October 2025 or an individual community service project is required to graduate. **Upon acceptance into RYL, the \$100 commitment fee is due to be paid by Thursday, September 25, 2025.** Scholarships are available based on need. RYL will not turn away any accepted student based on ability to pay. **All fees must be paid by Monday, October 6, 2025 (credit/debit preferred).**

I understand the purpose of Rockdale Youth Leadership (RYL). If selected, I will commit my time and resources to complete the program. Even though emergencies may arise, I understand that if I miss **three** regularly scheduled sessions, I may be asked to withdraw from the program. By signing this application, both my parent/guardian and I state that we understand and accept this commitment and will honor it.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Rockdale Youth Leadership 2025-2026 Parent Section: Parental Consent and Medical Release Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School: \_\_\_\_\_

Parent / Guardian Names: \_\_\_\_\_

Parent / Guardian Home Phone: \_\_\_\_\_

Parent / Guardian Work Phone: \_\_\_\_\_

Emergency Contact: *(Please list two adults other than parents who may be contacted in case of emergency.)*

Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_

### Medical Information

Name of Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Describe any physical limitations: \_\_\_\_\_

Describe any recent illness or injury: \_\_\_\_\_

Is there a history of:

|                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| Heart condition        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Diabetes               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asthma                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Epilepsy               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Rheumatic fever        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other (list any) _____ |                              |                             |

## Rockdale Youth Leadership 2025-2026

### Parent Consent and Medical Release Form (cont.)

**To Whom It May Concern:**

The undersigned do (does) hereby give permission for our (my) child, \_\_\_\_\_

to attend and participate in activities sponsored by Rockdale Youth Leadership for the 2025-2026 school year.

We (I) authorize an adult, in whose care the minor has been entrusted by Rockdale Youth Leadership, to consent, in case of emergency, to any X-Ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any duly licensed physician or dentist, whether such diagnosis or treatment is rendered at the office of said physician or dentist or at a licensed hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Hospital Insurance: Yes ☐ No ☐

Insurance Company: \_\_\_\_\_

Policy No: \_\_\_\_\_

The undersigned do (does) also hereby give permission for our (my) child to ride any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by Rockdale Youth Leadership.

\_\_\_\_\_  
*Participant* *Date*

\_\_\_\_\_  
*Father (or Guardian)* *Date*

\_\_\_\_\_  
*Mother (or Guardian)* *Date*

***Before returning application:***

- ☐ Complete all sections of the application.
- ☐ Review the calendar and session schedule to meet attendance requirements.
- ☐ Answer each short-answer question.
- ☐ Email the following link to the ***Teacher, Advisor, Leader or Coach*** you indicated on the first page.
  - Teacher Link:  
[https://forms.office.com/Pages/ResponsePage.aspx?id=uF7Sv\\_w9XE6tq60](https://forms.office.com/Pages/ResponsePage.aspx?id=uF7Sv_w9XE6tq60)

[HPyOscI71UPs6wWhHo741nmi0ID9UQTdCMEowTVpSR1c1WktZNVZR1dQUTMzSy4u](https://forms.office.com/Pages/ResponsePage.aspx?id=uF7Sv_w9XE6tq60HPyOscI71UPs6wWhHo741nmi0ID9UQTdCMEowTVpSR1c1WktZNVZR1dQUTMzSy4u)

- ☐ Email the following link to your *School Counselor*.
  - Counselor Link  
[https://forms.office.com/Pages/ResponsePage.aspx?id=uF7Sv\\_w9XE6tq60HPyOscI71UPs6wWhHo741nmi0ID9URFE5NjNURzlHTUxSWlpIOEZORINRSIJPTy4u](https://forms.office.com/Pages/ResponsePage.aspx?id=uF7Sv_w9XE6tq60HPyOscI71UPs6wWhHo741nmi0ID9URFE5NjNURzlHTUxSWlpIOEZORINRSIJPTy4u)
- ☐ Complete the Parental Consent and Medical Release Forms.
- ☐ Review and include all signatures
- ☐ Submit your application by **5:00 p.m. September 5, 2025**

***For more information, please contact your RYL School Contact:***

- ☐ Ms. Lockhart – Heritage High School
- ☐ Ms. Harris- Rockdale Magnet School
- ☐ Ms. Alexis – Rockdale County High School
- ☐ Ms. Geter– Salem High School
- ☐ Ms. Sheppard – Rockdale Career Academy

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*If you have any questions or concerns, please contact:*

|                                                                                                                            |                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Bridgette Copeland, RYL District Sponsor<br><a href="mailto:bcopeland@rockdale.k12.ga.us">Bcopeland@rockdale.k12.ga.us</a> | Samantha Swaney, RYL School Sponsor<br><a href="mailto:sswaney@rockdale.k12.ga.us">Sswaney@rockdale.k12.ga.us</a> |
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