



Please complete all areas of the application
Type or print clearly

I. Student name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ Race: _____ Date of birth: _____ / _____ / Age: _____

School: _____ Grade: _____ GPA: _____

Home phone: _____ Student cell phone: _____

Student email: _____

Student shirt or t-shirt size: (Circle one) S M L XL XXL

Parent/guardian name: _____

Parent/guardian email: _____

Parent/guardian phone: _____

Include work and cell phones for each parent/guardian. Indicate which number belongs to which parent.

Parent/guardian name: _____

Parent/guardian email: _____

Parent/guardian phone: _____

Include work and cell phones for each parent/guardian. Note which number belongs to which parent.

II. Activities/Experience/Hobbies

Please list school, volunteer, community, athletic or other activities that you have participated in.

1. _____

2. _____

3. _____

4. _____

III. Recognitions, Honors and Awards

Please list any recognitions, honors and awards that you have received. If none list N/A

1. _____
2. _____

Please send your completed application form via email or mail to:

Christopher Hayes
HCYLC Application
15510 Hooting Owls Pl, Tampa, FL 33624
(813)- 599-6495
HayesCh@HCFLGov.net

Application Deadline September 1st, 2025

IV. References

Please submit **two** references. Community leaders, advisors, school faculty, organization leaders, coaches or mentors sponsors are acceptable references. References may not be related to you. Use the attached reference forms. Recommendation letters are acceptable in lieu of reference forms but two references are still required.

Reference #1 _____ Phone: _____

Reference email: _____

Relationship to applicant _____

Reference #2 _____ Phone: _____

Reference email: _____

Relationship to applicant _____

V. In the space below, briefly describe your future plans and career interests that could most impact Hillsborough County and its future.

Parent / Guardian Consent

I give permission for my son/daughter to apply for the Hillsborough County Youth Leadership Council Program and understand the responsibilities and obligations if my child is selected to participate. I agree to allow pictures taken of my son/daughter during Hillsborough County Youth Leadership Council classes or functions to be used to promote Hillsborough County Youth Leadership Council or for other related reasons.

Parent/guardian signature _____ Date: _____

Please send your completed application form via email or mail to:

Christopher Hayes
HCYLC Application
15510 Hooting Owls Pl, Tampa, FL 33624
(813)- 599-6495
HayesCh@HCFLGov.net

Application Deadline September 1st, 2025

Reference Form

Applicant name: _____

Reference name and title: _____

Reference email: _____

Work phone: _____ Cell phone: _____

Organization/affiliation: _____

Address: _____

City: _____ State: _____ Zip code: _____

How long have you known the applicant? _____

In what capacity? _____

What would you consider to be the applicant's strengths?

What would you consider to be the applicant's weakness?
