Applications DUE by Sunday, NOVEMBER 29th at midnight!

Introducing the 2027 Florida Youth Leadership Academy (FYLA):

FYLA's mission is to inspire young leaders through building healthy relationships, exploring leadership development, and actively engaging them within their communities.

Apply now if you are interested in developing your leadership capabilities relating to communication, personal development, public speaking, and interviewing while also building connections with your peers and adults!

Please send your completed application in an email to **Cal Walton** at:
Cal.Walton@myflfamilies.com

A letter of recommendation must be submitted with the application (i.e. teacher, counselor, independent living specialist, foster parent etc.)

Application responses will be provided by early January 2026.
Thank you for taking the time to apply!

Florida Youth Leadership Academy (FYLA)
2027 Mentee Application

MENTEE APPLICATION DUE BY SUNDAY, NOVEMBER 29th AT MIDNIGHT

Send completed application to Cal.Walton@myflfamilies.com

Before applying to be a mentee for FYLA, please read the information below to ensure that this program would be a suitable fit for you.

The application is to be completed by the youth applying.
****Please do not complete this application on a youth's behalf****

Part 1: FYLA Information

Mission:

To inspire young leaders through building healthy relationships, exploring leadership development, and actively engaging within their communities.

Background:

The Florida Youth Leadership Academy (FYLA) kicked off its first class in December 2007 in Orlando, Florida. What initiated as a professional development project under the direction of Florida's Department of Children and Families' Child Welfare Leadership Program and Connected by 25, grew into a statewide mentorship and leadership program for youth involved in the child welfare system.

Specifics:

FYLA is for youth involved with Florida's child welfare system who meet the eligibility criteria. The FYLA group travels three to four times throughout the program year to engage in several educational and leadership activities, including touring the State Capitol, Supreme Court, and college campuses across Florida. Throughout the program year, we encourage mentees and mentors to meet regularly in their local areas to focus on specific learning objectives, including networking, public speaking, resume-building, and interviewing skills as well as meeting with child welfare leadership in their local areas. Your mentor will assist you in achieving your individualized goals that you set at the beginning of the year. Throughout the program year, you will have the opportunity to complete your student portfolio. Typically, each FYLA class concludes with a graduation ceremony during the annual Children and Families Summit.

Part 2: Mentee Expectations and Eligibility

1. In order to be eligible to apply for FYLA, you must:

1. Be currently (at the submission of application) under the supervision of a CBC lead agency or sub-contractor.
2. Be in the 9th, 10th, 11th or 12th grade and enrolled in a high-school program.
3. Be able to sustain school performance while participating in this program.
4. Be at least 15 years old and not yet 19 years old by September 1, 2027.
5. Have shown that you would benefit from leadership training.
6. Not have been adjudicated delinquent with any felonies within the past six months.
7. Agree to abide by our Code of Conduct.
8. Provide two Letters of Recommendation:

2. In order to graduate from FYLA, you must:

a) Attend **all** trips as specified.
b) Complete a student portfolio.
c) Meet with your mentor on the off months, outside of the scheduled group trips/outings.
d) Demonstrate understanding of the program content.
e) Have no disciplinary issues during the program period.
f) Actively engage in the program activities during the trips.
g) Be recommended for successful completion of the program.

Participation in the program is filled with many scheduled activities. The expectation is that you are able to attend all the trips and be fully engaged in the activities, which are typically all-day activities from 8 am to 10 pm. We understand that emergencies may come up throughout the year, however, we expect that you communicate with your mentor when you are not able to attend a trip. We ask you get in contact with them at least two weeks prior to the trip if you cannot attend. You are only allowed to miss one of the scheduled trips, with the kickoff trip being mandatory.

The Department expects each mentee to be actively engaged in all activities. **This includes limiting time spent on cell phone(s) and other electronic devices.** The Department fully understands that you may need to take a phone call or may have an outside commitment that prohibits you from attending a certain trip. We also expect you to meet up with your mentor during the months between scheduled trips.

Group Trips:

- **1st trip – Camping Trip, Ocala National Park – February 18-21, 2027**
- **2nd trip – College Tour, Service Project, Tallahassee – April 15-18, 2027**
- **3rd trip – College Tours, Leadership Activity, Miami/Ft. Lauderdale – July 8-11, 2027**
- **4th trip – Children and Families Summit, FYLA Graduation, Orlando – TBD, 2027**

Note: Please make sure you can attend all trips BEFORE completing this application. Every trip is <u>mandatory</u> unless approved by the FYLA coordinator.

Off-Months:

Mentors and mentees will be responsible for meeting face-to-face during the off months when we're not meeting for the group trips. You and your mentor will be responsible for completing the activities for that particular off-month theme. The themes of the off months will be discussed as a group at the kickoff trip.

Part 3: Application

General Information:

*(All fields are **required** and please write legibly).*

Date of Application:	
First and Last Name:	
Preferred Name *(Optional)*:	
Date of Birth:	
Age:	
T-shirt Size:	
Grade:	
School Name:	
Gender:	
Email:	
Home/Cell Phone Number:	
Current Address ***(please indicate if you're in a group home)*:**	
City, State, Zip:	
County of Residence:	
Place of Employment:	
Work Hours:	

Application Questions:

Community Based Care Lead Agency	
Caregiver Name:	
Caregiver Phone Number:	
Emergency Contact Name and Relationship:	
Emergency Contact Number:	
***Primary Case Manager Name:**	
***Primary Case Manager Agency:**	
***Case Manager On-Call Number:**	
***Primary Case Manager Email:**	
***OCS Case Manager/Email Address**	
***Case Manager/staff to assist the youth with Two Letters of Recommendations**: *CBC representative and Community Adult (teacher, coach, counselor, therapist, etc.) to attest to your character and leadership skills.*	

Please answer *all* the following questions as completely as possible.

1. How did you learn about FYLA??

2. How would you define a leader?

3. Why do you want to participate in FYLA?

4. What qualities do you possess as a leader now?

Please complete the following question in an essay format. You may answer on the lines below or type your responses separately. Make sure the essay is attached to the application when submitting the application.

How would describe yourself (personal characteristics, values, or qualities)? Also, what are your hobbies or interests *(Ex.- swimming, certain sports, reading, hiking, animals, gardening, music, cooking, library, movies, shopping, etc.)*?

Describe a challenging experience in your life and ways that you tried or are trying to overcome the challenge.

Who do you identify as a leader in your own life and why do you view them as a leader? *(Note: this person may be a family member, teacher, social worker, friend or someone else important to you).*

Declaration of Commitment:

Please read this thoroughly and carefully before signing.
Both the caregiver and youth should each initial on the line to the left of each statement:

____ I give my informed consent and permission for me/the youth to participate in the Florida Youth
____ Leadership Academy and its related activities.

____ I agree that I/the youth will follow all leadership program guidelines and understand that any
____ violation on the youth's part may result in suspension and/or termination from Florida Youth Leadership Academy.

____ I release the Florida Youth Leadership Academy of all liability of injury, death, or other damages
____ to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Florida Youth Leadership Academy program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

____ I understand that basic information about the youth will be anonymously (without names) shared
____ with a prospective mentor(s) to aid in determining a suitable match. Once a possible mentor/mentee match is determined, the youth's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions. I understand the requirements of the Florida Youth Leadership Academy and if I am selected, I will devote the time and energy necessary to complete the program. I also understand that I will be required to attend all of the program events listed above and acknowledge that if I miss an event, I may be asked to withdraw from the program. I also understand the above commitments and agree to be adhere to them in signing this application.

_____ _____
Youth Signature Date

_____ _____
Parent/Guardian/Caregiver Signature Date

Code of Conduct:

As a member of the Florida Youth Leadership Academy, FYLA expects you to:

1. Attend all scheduled trips and meet up with your mentor on off-months.
2. Abide by the curfew set for **10:00 PM** during scheduled trips**.** This will ensure safety, security, and our energy for the following day.
3. Do not go into other people's rooms for your safety at any point during the trips. If this is broken, it will be cause for automatic termination from the program.
4. Use encouraging and respectful remarks that will empower each other; listen to sponsors or conference leaders; stay in the designated/assigned areas of the event; speak your mind, be respectful, meet new people, learn, teach, have fun, and represent youth to the fullest and best of your ability.
5. Follow all the rules at the facility that is accommodating us through lodging, trainings, workshops, and/or activities. The Department expects you to show respect towards all individuals, guests, visitors, and the property itself.
6. Not display disruptive behavior, horseplay, and harass or tease others; not possess or use alcohol or drugs, vandalize or steal property, express violent behavior, or engage in sexual activity with other youth while on our trips. Any such behaviors can be grounds for legal activity and removal from the program.
7. Dress appropriately for all trips, which includes, but is not limited to, wearing tops that cover the chest, midriff, and back, and wearing jeans or pants, excluding sweatpants and excessively ripped jeans at certain events.
8. Reframe from engaging in a dating relationship with another mentee/mentor during the program duration.

*Dress codes will change depending on the activities of each trip (for example, shorts are allowed for camping, but would not be allowed for meeting with leadership).

I, _____, agree to this code and take full responsibility of my actions and the consequences that go with them.

_____ _____

Youth Signature Date

_____ _____

Parent/Guardian/Caregiver Signature Date

Permission Form

(to be filled out by parent/guardian/caregiver):

Name of Youth: _____ DOB: _____

I, _____(parent/guardian), give my permission for the above-named youth to participate in the Florida Department of Children and Families' Florida Youth Leadership Academy Program.

1. I give permission to allow him/her to participate in all activities, except for (if N/A, please write):

   _____

   _____

2. I give permission for the youth to receive minor first aid and medications except for (if N/A, please write):

   _____

   _____

3. I give permission for the youth to be treated in emergency situations in accordance with Chapter 39.407, F.S.

Youth's Doctor's Contact Information	**Emergency Contact Information**
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:

Youth's Medication(s):		
Medications	Dosage	How Often

*While on the trips, the CBC lead agency, or other assigned adult, will be responsible for meeting with the youth's mentor to ensure medication instructions are provided as well as having the appropriate forms signed and other forms given to the mentor before the trips to ensure medication is properly provided to the youth in the right dosage at the right time.

**Additional medications can be listed and attached on a separate page.

4. Does the youth require any special accommodations to participate with FYLA?

   _____

   _____

5. Does the youth have any special dietary restrictions?

_____

_____

_____

6. Please list any allergies he/she has and the type of reaction associated with each allergy (food, insects, seasonal, medication):

_____

_____

_____

7. Youth will share a room with another youth who is a part of FYLA. Is there anything we should consider when matching roommates?

_____

_____

_____

8. Is there any other information that we should know about?

_____

_____

_____

_____ _____

Name of Parent/Guardian/Caregiver *Date*

_____ _____

Parent/Guardian/Caregiver Signature *Medicaid Number of Youth*

_____

Relationship to Youth

MEDIA RELEASE FORM*

Check the Box: ☐ Youth is under 18 years old ☐ Adult (18 years or older)

I hereby grant the Department of Children and Families (DCF) and its successors and assigns, the absolute and irrevocable right and unrestricted permission to copyright in their own name or other otherwise photographic, audio, or video recordings of _____ (youth), or in which _____ (youth) may be included with others, and to use, reuse, publish, or republish the same in whole or in part for a period of two years from 2027 through 2029.

I hereby release and discharge DCF and its successors and assigns from any and all claims and demands rising out of or in connection with the use of the photographic, audio, or video recordings, including without limitation any and all claims for libel or invasion of privacy for each and every use consistent with this release for usage within the scope of Florida Youth Leadership Academy.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. By signing this release, I understand this permission signifies that photographic, audio, or video recordings of me/my child may be electronically displayed via the Internet or in a public educational setting.

_____ _____

Mentee's Name Mentee's Signature

The undersigned, being the parent, guardian, or caregiver of the above-named minor, does hereby consent to and join in the above media release.

_____

Name of Parent/Guardian/Caregiver (If minor- under 18 years old)

_____

Signature of Parent/Guardian/Caregiver (if minor- under 18 years old)

_____

Date