



Youth Leadership, Entrepreneurship And Development Program (YLEAD) Application form

Please read the entire form before filling it. Fill it completely and correctly.

PERSONAL INFORMATION

Name (Full Name): _____

Nationality: _____ State of Origin: _____

Age: ____/____/____ Sex: Female Male

Qualification (SSCE/JSSCE): _____ Year of graduation from Secondary School: _____

CONTACT INFORMATION

Residential Address: _____

Phone Number: _____ Alternative Number: _____

Email address: _____ BB Pin: _____

Facebook Name: _____ Twitter Handle: _____

1. How did you learn about the YLEAD program?

Friend Family Facebook Fliers Banner Radio
TV News Others (specify) _____

2. What do you expect to benefit from this program?

3. Have you enrolled in a similar program to this? Yes

If yes, which and when?

4. Share one challenge you have faced and how you overcame it?

VOLUNTEERING/INTERNSHIP PROGRAM

Volunteering means working for a particular period of time without payment but to gain experience, engage yourself positively and serve humanity. As part of the Youth LEAD program, participants will be volunteering at different locations designed by the organizers for 5 days. We promise it will make a great learning experience. Some activities we engage our volunteers include amongst others:

- a. Teaching at a crèche or Nursery school
- b. Working at a less privileged home, hospital, schools, office etc
- c. Doing administrative tasks, secretarial duties in corporate offices.
- d. Assisting with sales, run official errands at organizations

1. Have you ever been involved in a volunteering activity? Yes No

If yes, please share your experience briefly

2. Volunteering is a key part of the YLEAD program and is therefore compulsory for all participants.

Will you be willingly to commit to this day(s) activity? Yes No

If No, why?

3. If yes, what are your expectations? _____

MENTORING PROGRAM

Participants will be provided with the opportunity to interact with our volunteer mentors as part of the certifications requirement. This will help give them a brief but thorough knowledge of the mentorship process and how to use it to their advantage.

1. Do you have a mentor currently? Yes No
2. What areas would you like to be mentored on?

Career Business Relationship Academics Spiritual Life
Personal Development Others (specify) _____

AGREEMENT

I agree that all information provided here are true and can be used in this selection process.

Applicant's Signature: _____

Date: ___ / ___ / _____

GUARDIAN CONTACT DETAILS (compulsory)

Name of Guardian (full): _____

Phone number: _____

Residential address: _____

Signature and Date: _____

PLEASE NOTE: Please return the completed form ON OR BEFORE 28TH APRIL, 2014 to **iKapture Networks** at No. 3 Victory Way, Satellite Town, Calabar or to one of our Partners (*i-Shop Cyber Cafe, American Corner Calabar or MIDI*). You can send a scanned copy as an email to info@ikapturenetworks.org. Call us on **08090970206** for further enquiries.

* * *

THANK YOU FOR APPLYING TO THE 4TH YOUTHLEAD PROGRAM. WE WILL CONTACT YOU SOON!