

Stonington Community Center 28 Cutler Street Stonington, CT 06378 (860) 535-2476

COMO Leadership Program Application: Summer 2024 and 2024/2025 School Year

The COMO Leadership Program is a year-round youth advocacy and leadership program for students entering fifth grade to their senior year of high school. As a year-round initiative, members of this group will have access to a diverse selection of volunteering and leadership opportunities.

"Building leaders through volunteerism and community service"

# Submitting your application for the COMO Leadership Program:

The CLP application Form can be submitted in two ways:

- 1. Downloading and printing the Application Form as a PDF and returning it to the community center by mail:
  - 28 Cutler Street Stonington, CT 06378 OR leaving in the building drop box located at the main entrance
- 2. Filling out and submitting via email to the Education Director at p.rouguayrol@thecomo.com

#### Pricing:

New Leaders: \$290 Returning Leaders: \$194

\*Fees for the COMO Leadership Program include a COMO Youth Membership\*

# **Program Overview:**

The COMO Leadership Program is divided into two age groups: COMO Leaders are children entering grades 8-12, and Junior Leaders are children entering grades 5-7, with two sessions: a summer and a school-year session. Exceptions can be made for those Leaders only in the Stonington area for the summer months. Leaders entering grades 5-7th

- Summer Session runs from June through the end of August. COMO Leaders must complete at least 20 hours during the summer session with no maximum cap. Junior Leaders must complete at least 10 hours with a maximum cap of 20 hours.
- **The School Year Session** runs from September through May. All Leaders must volunteer at least 10 hours during the school year session, with a maximum cap of 30 hours.

#### **Assembly Meetings**

Leaders meet as a whole group several times yearly as needed to prepare for initiatives and group activities - meeting dates and times will be communicated via the Remind app and email. Meetings typically run from 6:30 PM -7:30 PM. It is crucial to the solidarity and harmony of the program that you attend these meetings. Regular attendance at these meetings is essential to the program's continued success and cohesion of the group's members.

## **Training Week:**

2024 training is scheduled for June 21 from 10:00 a.m. to 4:00 p.m. New Leaders must attend the whole day while returning Leaders must participate from 1:00 p.m. to 4:00 p.m.

#### Volunteer opportunities within the COMO:

The COMO volunteer component of the COMO Leadership program is designed to actively engage youth, providing opportunities to master new skills and learn workplace protocols while also fulfilling volunteer hours.

#### **Community Volunteer opportunities with the COMO:**

Leaders will have an opportunity to volunteer with at least three community-based initiatives during the year. Details regarding each initiative will be communicated via the Remind app, email, and Google Classroom.



# **Short Essay Prompt:**

Choose one of the following questions and respond in a brief paragraph:					
1.	How do you define leadership?				
2.	What would being a part of the Junior Leadership Program mean to you?				



# **Commitment Statement**

I certify that the information in this application is correct to thunderstand that, if accepted, attendance during the training w			
Participants Signature	Date		
Parent/Guardian Signature	Date		
Field Trip Permission (to be co	mpleted by parent/guardian)		
h	as my permission to attend any special trips with		
The Stonington Community Center's Junior Leadership Progra	m.		
Parent/Guardian Signature	 Date		



# Consent for Treatment Should a severe emergency arise, the following consent form is required:

This is to certify that from June 2024 through June 2025, if an attempt is made to contact parents/guardians without success, the Stonington Community Center, its staff, and the lawful attorney will be appointed to authorize medical treatment and the performance of any procedure, determined to be necessary, after consultation with an emergency or family physician, on the child named below:

Name of Participant		vge	Grade	Date of Birth	
Family Physician:		Phone:			
Address:					
Family Dentist:		Phone	:		
Address:					
Please list any known allergies your child may					
Please list any medications your child may tal					
Is there any additional information the staff s					
Parent/Guardian Signature				Date	