

The Sandy Miller Metrotown Leadership Institute Delegate Application



The Sandy Miller Metrotown Leadership Institute will be offered once in the summer of 2025 for HIGH SCHOOL students during the following dates:

Monday, July 14 – Thursday, July 17, 2025

(Must return application by July 2, 2025.)

Location for this session: Riverside Presbyterian Church

(849 Park Street, Jacksonville, FL 32204-3322)

Times for this session:

*Monday: 9 a.m. - 5 p.m.
*Registration begins at 8:30 a.m. and the program begins at 9 a.m.
Tuesday: 9 a.m. - 5 p.m.
Wednesday: 9 a.m. - 5 p.m.
Thursday: 9 a.m. - 7 p.m. (Graduation from 6-7 p.m. parents' welcome!)

WHAT IS THE SANDY MILLER METROTOWN INSTITUTE?

This OneJax Leadership Institute is named for the transformative leader of Metrotown, Sandy Miller. Sandy Miller Metrotown is a leadership program for students entering grades 9-12. The Leadership Institute aims to promote respect and understanding among all people. At the Sandy Miller Metrotown Leadership Institute, students are introduced to highly sought after emotional intelligence concepts and have an opportunity to apply these leadership skills through small group discussions, creative expression, outdoor activities, and more! Our goal is to empower young people to develop strategies for living and working together in a diverse world.

The Sandy Miller Metrotown Leadership Institute is supported with funding from:







DeloresBarrWeaverFund



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HOW DO I BECOME A SANDY MILLER METROTOWN LEADERSHIP INSTITUTE DELEGATE?

Students are usually referred by an adult mentor, teacher, counselor, clergy leader, community leader, or parent who recognizes the gifts you have to offer. The referring adult is considered your sponsor. In some cases, a sponsor may assist financially with the registration fee. You must complete the enclosed application form to apply for Sandy Miller Metrotown Leadership Institute.

Please email your completed application to <u>onejax@onejax.org</u>.

Shortly after receipt of your application, a OneJax staff member will contact you about your next steps toward becoming a delegate in the 2025 Sandy Miller Metrotown Leadership Institute.

HOW MUCH DOES IT COST?

The delegate's financial responsibility for the four days is a \$150.00 Registration Fee. Lunch and snacks will be provided all 4 days, with dinner provided on Thursday. Insurance, educational and resource materials, and use of site facilities are covered through the generosity of our sponsors. Delegates are encouraged to contribute or find support for as much of the leadership program's cost as possible.

Financial assistance is available based on need. No one will be prevented from attending because they cannot afford the registration fee. If participation depends upon receiving financial assistance, please check the financial assistance box on the application form. This information is necessary for processing and will be kept confidential.

For additional information, please contact OneJax at (904) 799-5370 or onejax@onejax.org.









High School Session: July 14 – 17, 2025

Must return application by July 2, 2025

STUDENT INFORMATION

First Name:	Last Name:	
Name I prefer to be called:	Date of Birth:	Age:
Gender:	Email:	
Address:	City, State, Zip:	
Home Telephone:	Cell Phone:	
High School:	Rising Grade: 9 th	10 th 11 th 12 th
Cultural/Racial Heritage:		
Religious/Faith Affiliation:		
Do you have any physical or non-visible disa	abilities of which we should be a	aware?
I have participated in a OneJax event before:	Yes No If yes, which event?	•
How did you hear about Sandy Miller Metrotown L	eadership Institute?	

Please briefly answer the following questions in two or three sentences. There are no wrong answers.

Why do you want to participate in Sandy Miller Metrotown Leadership Institute?

If you had all the money, time, and resources you needed to make a difference in our world, what would you do?





Florida Blue 📲 🗓 Foundation



APPLICATION FORM

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Must return application by July 2, 2025

PARENT/GUARDIANINFORMATION&CONSENT

First Name:	Last Name:
Address:	City, State, Zip:

Cell Phone: Email:

All sections should be completed and returned as soon as possible, but not later than: July 2, 2025. I give permission for to participate in the OneJax Sandy Miller Metrotown Institute. I understand that my student may engage in interactive lessons and conversations around differences such as race, ability, identity, and stereotypes. I hereby consent to have my student have any program pictures/images/videos taken for program publicity and other supportive purposes.

PAYMENT INFORMATION *Please make checks payable to OneJax and mail along with this form to the address below.* OneJax Mailing Address: 100 Festival Park Avenue, Jacksonville, FL 32202

Please Note: No refunds will be issued after July 2, 2025, for this Sandy Miller Metrotown Leadership session.

- □ \$150 registration enclosed.
- □ Sponsor's contribution enclosed. \$
- □ I would like to be considered for financial assistance. Please send a financial assistance form.

Name of Delegate

Signature of Delegate

Name of Parent or Guardian

Signature of Parent or Guardian







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Sandy Miller Metrotown Leadership Institute Medical Information Form

This form is to be completed by parent(s) or legal guardian(s). Please complete and return with the Metrotown application.

PERSONAL DATA Complete in the box below requested information.				
Delegate's Last Name	First Name		Preferred Name	
Home Telephone	Emergency Contact Nar	me	Telephone	
Family Physician Name		Physician Phone		
Age		Grade		

PAST MEDICAL HISTORY

Deaf/Hearing Difficulty	Asthma	Seizures
Diabetes	Other Please describe:	
Allergies? (list) 1. 2. 3.		
Recent exposure to contagious disease?	es No	
If so, please describe. What and when?		
Does Delegate take any prescribed medication?	Yes No	
If so, please describe. What and when? Will this	medication need to be taken during M	etrotown hours?

Dietary Restrictions

□ Yes	D No	Gluten Free
Vegetarian	Other	
"Please let us know if you have any dietary requi	rements."	

I have provided my Emergency Contact number above to notify me should any emergency arise. In the event of an accident or medical emergency, I give my permission (*if I cannot be reached*) to the attending licensed physician to order or administer medication, anesthesia, or surgical procedure as deemed necessary for the health and safety of my child (*or individual for whom I am legal guardian*).

The medical/historical information provided above is complete and accurate to the best of my knowledge.

Parent/Guardian Name (print)	Parent/Guardian Signature	Date



ABOUT ONEJAX

MISSION

To foster mutual respect and build bridges of understanding among people of all beliefs, faiths, and backgrounds in a spirit of shared humanity.

VISION

OneJax envisions a united Jacksonville where every person is heard, respected, and feels connected. Together, through open dialogue and interfaith cooperation, we seek solutions to our community's challenges. OneJax is a trusted leader in promoting civility and inspiring hope, to create a climate where all youth and adults can thrive.

OUR CORE VALUES



We believe in valuing the inherent worth of every human being.



We believe in pursuing mutual respect and shared purpose, while honoring and celebrating our unique contributions.



CONNECTION

We believe in nurturing relationships and meaningful connections among individuals, ideas, and communities.



We believe in protecting and respecting the fundamental right of every person to practice any faith, or none at all.

Contact OneJax: Email: <u>onejax@onejax.org</u> Website: <u>www.onejax.org</u> Phone: 904-799-5370



We believe in engaging with others in a spirit of kindness and empathy.



We believe in being brave and persevering even when it is challenging.