

# The Sandy Miller Metrotown Leadership Institute Delegate Application



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

# Monday, June 23 – Thursday, June 26, 2025

(Must return application by June 12, 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 7-8. 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:











# The Sandy Miller Metrotown Leadership Institute Delegate Application

# 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 Middle Leadership Institute.

## Please email your completed application to onejax@onejax.org.

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 Middle Leadership Institute.

### **HOW MUCH DOES IT COST?**

The delegate's financial responsibility for the four days is a \$100.00 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.











# APPLICATION FORM

Middle School Session: June 23-26, 2025

Must return application by June 12, 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:				
Middle School:					
Do you have any physical or non-visible of	disabilities of which we should be a	aware?			
I have participated in a OneJax event before:  How did you hear about Sandy Miller Metrotow		); 			
Please briefly answer the following quest  Why do you want to participate in Sandy Mil		here are no wrong answers.			
If you had all the money, time, and resource	s you needed to make a difference in ou	r world, what would you do?			











# APPLICATION FORM

Middle School Session: June 23-26, 2025

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# PARENT/GUARDIAN INFORMATION & 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:  June 12, 2025.		
Metrotown Institute. I around differences suc	to participate in the OneJax Sandy Miller understand that my student may engage in interactive lessons and conversations h as race, ability, identity, and stereotypes.  ave my student have any program pictures/images/videos taken for program portive purposes.		
OneJax Mailing Address: 100 Fe  Please Note: No refunds will be  \$100 registration enclosed  Sponsor's contribution enclosed	losed. \$		
☐ I would like to be considered	ed for financial assistance. Please send a financial assistance form.  Signature of Delegate		
Name of Parent or Guardian			









# Sandy Miller Metrotown Leadership Institute Medical Information Form

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

PERSONAL DATA Comple	ete in the box below request	end information				
	<u> </u>	ea mjormation.	Duefound Nove			
Delegate's Last Name	First Name		Preferred Name			
Home Telephone	Emergency Contact	t Name	Telephone			
Family Physician Name		Physician Phone	Physician Phone			
Age		Grade				
10-						
PAST MEDICAL HI	STORY					
☐ Deaf/Hearing Difficulty	☐ Asthma	☐ Seizures				
☐ Diabetes		_ 5012410	-			
<b>□</b> Diapetes	Please describe:	Other Please describe:				
Allergies? (list) 1. 2. 3.						
Pagent averaging to contaging dispage	□Vos □No					
Recent exposure to contagious disease?	Yes No					
If so, please describe. What and when?						
Does Delegate take any prescribed medic	cation? Yes No					
If so, please describe. What and when? V	Vill this medication need to be:	takan durina Matrataun haurs?				
ij so, piedse describe. What and when: V	viii tiiis medication need to be t	taken during wietrotown nours:				
Dietary Restrictions						
☐ Yes	☐ No	<b>□</b> Gluten	☐ Gluten Free			
Vegetarian	☐ Other	□ Other				
"Please let us know if you have any diet	ary requirements "					
rease fee as known you have any after	ary requirements.					
			gency arise. In the event of an acc			
	, ,		hysician to order or administer me	•		
anestnesia, or surgical procedure	e as deemed necessary fo	or the health and safety of I	my child (or individual for whom I	am iegai guardian).		
The medical/historical information	on provided above is com	nolete and accurate to the	pest of my knowledge			
The medical/historical information provided above is complete and accurate to the best of my knowledge.						
Parant/Cuardian Name (arint)		ardian Cianatura	Pete			



## **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**



#### RESPECT

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



#### UNITY

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



#### CIVILITY

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



#### CONNECTION

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



#### FAITH

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



#### COURAGE

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

## **Contact OneJax:**

Email: <a href="mailto:onejax.org">onejax.org</a>
Website: <a href="mailto:www.onejax.org">www.onejax.org</a>
Phone: 904-799-5370