



TEEN L.E.A.D. APPLICATION

Leadership-Empowerment-Altruism-Development

Application Deadline: Tuesday, June 4, 2019



APPLICANT INFORMATION

Name _____			Date _____		
Last	First	Middle			
Address _____			City _____		
		Street	State	Zip	
Home Phone (_____) _____			Mobile Phone (_____) _____		
E-mail Address _____					
Date of Birth ____/____/____		Age on August 12 th , 2019 _____		Gender _____	

EDUCATION INFORMATION (2018/19 School Year)

School Name _____			Grade Level _____		
School Reference Name _____			Relationship _____		
Reference Phone (_____) _____			Reference E-mail _____		

**Please ask a teacher/counselor/coach from your school to be a reference for you. This reference may be contacted by The Children's Museum of Green Bay to inquire about your ability to participate in TEEN L.E.A.D.

<p>Do you have required community service hours to complete? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many and for what purpose?</p>
<p>Are you applying for TEEN L.E.A.D. with a friend? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide their name(s):</p>
<p>Do you have any friends or relatives employed by this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide their names and relationship to you:</p>

NOTICE

Do **NOT** include registration fees with this application. Applicants will be notified by June 11th if they are accepted into the program.

OFFICE USE ONLY

Date Received _____	Registration Info Received _____
Application Approved _____	Registration Fee Received _____
Registration Info Sent _____	

WRITTEN RESPONSES

List and explain three specific reasons why you would like to participate in Teen L.E.A.D.:
(Attach additional sheet if needed)

List and describe three traits you feel are strengths to your character and one trait you would like to develop through the Teen L.E.A.D. Program:
(Attach additional sheet if needed)

List any previous volunteer or leadership experience:
(Attach additional sheet if needed)

Please read each paragraph closely, initial each, and sign below.

	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge.
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	I hereby authorize The Children’s Museum of Green Bay to thoroughly investigate my education, references, criminal background and other matters related to my suitability for volunteering.
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	I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my volunteering is intended to create a contract between me and The Children’s Museum of Green Bay, other than one that is “at will.”
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Signature of Applicant: _____ Date: _____