



# TEEN L.E.A.D. APPLICATION

Leadership-Empowerment-Altruism-Development

**Application Deadline: Friday, June 5, 2020**



## APPLICANT INFORMATION

Date _____		
Name _____		
Last	First	Middle
Address _____		
Street	City	State      Zip
Home Phone (_____) _____		Mobile Phone (_____) _____
E-mail Address _____		
Date of Birth _____ / _____ / _____	Age on August 17 <sup>th</sup> , 2020 _____	Gender _____

## EDUCATION INFORMATION (2019/20 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.

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

**NOTICE**

Do **NOT** include registration fees with this application. Applicants will be notified by June 10<sup>th</sup> 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: \_\_\_\_\_