YOUTH LEADERSHIP STRATFORD

APPLICATION

NAME: _____ DOB: ____/_____/_____

ADDRESS:_____ ZIP: _____

STUDENT E-MAIL: _____ STUDENT CELL: _____

PARENT'S NAME:_____

PARENT E-MAIL:_____ PARENT CELL: _____

NOTIFY IN AN EMERGENCY: _____ RELATIONSHIP: _____

CELL PHONE: _____WORK/HOME PHONE:_____

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____

HEALTH PROBLEMS/LIMITATIONS/ALLERGIES: _____

_____

SCHOOL ATTENDING: _____ GRADE: _____ T-SHIRT SIZE: S M L XL

OUTSIDE ACTIVITIES (sports, clubs, etc.): _____

_____

PREVIOUS VOLUNTEER EXPERIENCE: _____

_____

AREAS OF INTEREST (check all that apply):

_____ELDERLY _____HUNGER/BASIC NEEDS SUPPORT _____GOVERNMENT _____GENDER ADVOCACY

_____CHILDREN _____ENVIRONMENT/CONSERVATION _____ANIMAL ACTIVISM _____TOWN HISTORY

OTHER (please list): _____

I give my permission for _____ to participate in the Stratford Youth Leadership Program. I give permission to have photos taken of the above named to be used for marketing purposes. I also give permission to contact me via text or call at the above listed cell phone number with information about the program.

_____ _____/_____/_____

Signature ***Date***

Return application to Cheryl Hewitt, Career Guidance at Stratford High School or Jacob Stewart, Career Guidance at Bunnell High School by May 4.