

Application Due: Friday, April 30, 2010

Applicants will be required to provide their own transportation to and from a central Brown County pick-up point.

Brown County Teen Leadership might be for you if...

- ... you'll be a high school sophomore during the 2010-2011 school year.
- ... you want to meet teens from all over Brown County.
- ... you'd like to take part in exciting activities.
- ... you want to have a voice in your community.
- ... you'd like to learn about issues affecting your future.

 **And do it all for FREE!**



**PARTNERS IN
EDUCATION**

BROWN COUNTY
TEEN LEADERSHIP

“You must be the change you wish to see in the world.” - Mahatma Gandhi

Diamond Members (\$10,000 or more)

Wisconsin Public Service Foundation, Inc.

Post-Secondary Partners

Northeast Wisconsin Technical College

University of Wisconsin-Green Bay

St. Norbert College

ITT Technical Institute

Applications also available on titletown.org

“Pulling together for our future...”



BROWN COUNTY TEEN LEADERSHIP IS A PROGRAM OF PARTNERS IN EDUCATION AND THE GREEN BAY AREA CHAMBER OF COMMERCE

Application must include:

- Completed Application Form** **Parent/Guardian Signatures** **Principal Signature** **Letter of Recommendation**

INSTRUCTIONS:

1. Answer the application questions on your own. The selection committee would like to get to know YOU, so feel free to express your personality. Complete all the information and sign your name.
2. Have your high school principal sign the form, thereby excusing you from class on Brown County Teen Leadership session days.
3. Have your parent or legal guardian sign the form, thereby granting permission for you to participate.
4. Please type or print clearly in black ink.
5. Enclose one letter of recommendation from any adult in your life except a parent or legal guardian. Letter of recommendation should be no more than one page and include the following:
 - How long have you known the applicant, and in what capacity?
 - What do you consider the applicant's primary talents or strengths?
 - Describe one situation where you observed the applicant in a leadership role.
 - Any other information you would like to share about the applicant.
6. Return the completed application package by **April 30** to:

**Brown County Teen Leadership
Green Bay Area Chamber of Commerce
300 N. Broadway, Ste. 3A
Green Bay, WI 54301**

Questions? Call 920-593-3406.

Name _____ Phone _____

Address _____ City _____ Zip _____

E-mail Address _____ High School _____

Are you currently a high school freshman? ____ yes ____ no

If selected, you will be required to attend each session in its entirety. Plan your schedule accordingly, as there will be no exceptions for scheduling conflicts. Sessions are scheduled for Oct. 28 and 29, 2010 (teacher convention dates), Dec. 7, 2010, Feb. 8, 2011 and April 5, 2011. Sessions will begin no earlier than 7:30 a.m. and end no later than 3:30 p.m.

I understand and agree that if I am selected to participate in this program, I will be required to attend every session in its entirety.

Applicant Signature _____ Date _____

I understand and agree that if my child is selected to participate in this program, he/she will be required to attend every session in its entirety.

Parent/Legal Guardian Signature _____ Date _____

Describe any involvement in work, volunteer, organizational, or athletic activities (either in or outside of school):

Identify one issue in your community, and provide a recommendation to address this issue.

How do you think you might use the skills and resources you will acquire through Brown County Teen Leadership?

Identify someone you consider to be a good leader. Explain why you admire this person.

Describe one personal accomplishment you are most proud of, and why.

Applicant: I hereby certify that all information contained in this document is true and accurate to the best of my knowledge. I hereby give consent to the Brown County Teen Leadership Steering Committee and the Green Bay Area Chamber of Commerce to access and release all of the above information, including my photograph, as necessary to conduct Brown County Teen Leadership business and promotions. I understand that I may revoke consent for release of information and promotion at any time in writing.

Applicant Signature _____ Date _____

High School Principal: I hereby grant my permission for the student named above to participate in Brown County Teen Leadership. If selected, the student will be excused from regular school attendance during session days.

Printed Name _____ Date _____

HighSchoolPrincipalSignature _____

Parent/Legal Guardian: I hereby grant my permission for the student named above to apply for Brown County Teen Leadership; and if selected, to participate in the program. I hereby give consent for the student's photograph to be taken during session days or otherwise for Brown County Teen Leadership business and promotions. The student is excused from regular school attendance during session days.

RELEASE: In granting permission for participation in Brown County Teen Leadership, I hereby release and hold harmless the Green Bay Area Chamber of Commerce and its employees or agents from and against any injury, loss, damage, accident, or expense arising out of, or in any way related to, participation in Brown County Teen Leadership. I acknowledge that I have carefully read this release and understand its impact and effect. I acknowledge that if I had any questions regarding this release, that I have exercised my right to have it reviewed and further explained to me prior to my signing.

Printed Name _____ Date _____

Parent/LegalGuardianSignature _____

Printed Name _____ Date _____

Parent/LegalGuardianSignature _____

CONSENT FOR MEDICAL CARE AND DISCLOSURE: I hereby give permission to the supervisors and instructors, and any other trained medical personnel to treat me in a situation that requires medical attention. I authorize said supervisors and instructors to seek such medical advice, treatment, and services as they deem necessary, in their sole discretion, which may be necessitated because of any injury or illness I suffer because of my participation in the activities of the Brown County Teen Leadership program.

I further agree to accept any financial responsibility for the care and treatment of such injuries or illnesses and for such further medical services which are required, even though all attempts to contact responsible parties have failed and there is urgency with respect to my treatment, or in the case in which benefits of my health insurance have been depleted and additional medical expenses or loss of income occur.

I understand that any medication I may need for severe allergies (including bee stings), asthma or other such medical condition(s) must be brought with me to the program.

I have read the foregoing document in its entirety, fully understand the same, and am freely and voluntarily signing my name to it.

Participant Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____