

2010 Chicago Conservation Leadership Corps Program



PLEASE PRINT CLEARLY

Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ Cell Phone #: _____

Email _____ Usage: Daily Weekly Monthly Rarely Never

Alt. Address: _____ City: _____ State: _____ Zip: _____

SSN: _____ - _____ - _____ *Date of Birth: _____ Age: _____

How did you hear about this position? School (name) _____ Friend _____ Other _____

Gender:

Male Female T-Shirt Size _____

Race/Ethnicity:

- White American Indian or Alaska Native
 Asian Black or African American
 Hawaiian Native or other Pacific Islander
 Hispanic or Latino
 Multi-racial or Other _____

Public Assistance Recipient:

Please check if apply.

TANF Yes No Foster Child Yes No

Food Stamps Yes No

GA/SSI/RCA Yes No

Homeless Yes No

Free/Reduced Lunch Yes No

Language(s) spoken at home: _____

Emergency Contact Information:

Name: _____ Phone: _____ Relationship: _____

Current School Status: In-School/ Enrolled Out-of-School

Number of Credits Earned: _____ Current Grade Point Average: _____

Current Year in High School: 9th 10th 11th 12th

Current or Last School Attended: _____

Tell us about yourself!

(attach additional pages if necessary)

1. What's your story? Write freely about who you are. You can describe your home life, your interests, how you spend your free time, your goals, and/or challenges.

2. Have you had any job experience and/or have volunteered in community service? Can you describe your experience? How would your coworker or others describe your personality?

3. What do you enjoy about the outdoors? Have you been to a Forest Preserve? If yes which one?

4. What made you decide to apply for the CLC? Why do you want to be part of the program?

As part of the **Chicago CLC Program**, you will be conserving our natural resources through outdoor conservation service work, enhancing environmental awareness, teamwork and leadership skills. **If you are under 18 YOU MUST have your parent or legal guardian show their support for your commitment to and participation in the Program by signing their name below.**

Parents/Legal Guardians:

I give full support for my son/daughter _____ to apply for and participate in the Chicago CLC Program. I realize that completing this application does not guarantee my son/daughter's acceptance into the Chicago CLC Program.

Release form for the Chicago Conservation Leadership Corps Program

I certify that the information in this application is true to the best of my knowledge.

I am aware that I may be prosecuted for fraud and/or perjury if I deliberately give false information.

I agree to allow the release of information on this form for a verification check that is necessary.

I agree to allow the release of grades, test scores, attendance, and demographic information (For example: Name, Address, etc.) from the school that my child is attending.

I certify that no member of my family is in a position of influence or authority, which would affect my being hired, my supervision, or the acquisition or administration on grants, which fund my position.

I agree to have my photograph taken and used by the Chicago CLC Program.

I understand that my Photo may be used in materials that promote the Friends of the Forest Preserves, SCA and the Chicago CLC Program, but not limited to brochures, flyers or other promotional materials.

I understand that the Friends of the Forest Preserves, SCA and the Chicago CLC Program will distribute these promotional materials to various public and private sector organizations as an informational and marketing tool, and by signing this agreement I acknowledge the right of the Friends of the Forest Preserves, SCA and the Chicago CLC Program to undertake such actions.

Participant Signature

Please Print

Date

Parent Signature
(If under the age of 18)

Please Print

Date

Please mail or fax your completed application to:

Chicago CLC
28 E. Jackson Blvd, Ste. 1102
Chicago, IL 60604-2330
Fax (312) 356-9991

Questions? Call (312) 356-9990
Ask for Alice Brandon or Sam Vergara
alice@fotfp.org or svergara@thesca.org

Deadline to Apply: April 7, 2010
(no exceptions)