



2020-2021 Teen Leadership Institute Application and Permission Form

Please type or print application in black ink. Complete all information using this form ONLY. Return completed application to your student counselor overseeing Teen Leadership Institute program.

APPLICATION FORM DUE BY SEPTEMBER 18, 2020

Please know this program is a face-to-face program. We will take all necessary precautions and follow social distancing guidelines and mask requirements. Should this program or a session have to be moved to a virtual platform; the Advisory Council will review and approve the adjustments as needed.

General Information:

Name: _____
LAST FIRST M.I.

Preferred Name: _____

School Name: _____

Gender (please check): M F Grade (please check): So. Jr.

Ethnicity (please check): White African American Hispanic Native American
 Asian Other

T-Shirt Size (please check): Small Medium Large X-Large

Mailing Address: _____
STREET P.O. BOX APT. #

CITY ST. ZIP

Preferred Phone #: Mobile _____ Other _____

Email (most often checked): _____

**Email will be the primary means of communication*

Food Restrictions/ Allergies: _____

Parent(s)/Guardian(s) Name: _____

Emergency Contact (Name & Phone Number): _____

Applicant Questions:

1. Please state why you have chosen to apply for participation in the Teen Leadership Institute.

2. **If selected, what do you hope to gain from participating in the Teen Leadership Institute?**

3. **List up to (3) three community, school, religious or other organizations/activities in which you have participated. Please include other leadership programs if applicable.**

Organization	Year	Responsibility
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **What have you accomplished/learned in the activities mentioned above that you think is important?**

5. **List any honors/awards you have received from participating in a leadership activity.**

6. **List up to (3) three professional careers that you are most interested in pursuing.**

1. _____
2. _____
3. _____

7. **In your opinion, what are the three most important issues facing nonprofits in Pitt County today? What leaders or groups do you think should address each issue? (Explain why - you may answer this question on separate paper if needed.)**

Photographic/Media Consent Statement:

I hereby consent to the collection and use of my personal images by photography as a participant in the 2020-2021 Greenville-Pitt County Chamber of Commerce Teen Leadership Institute. I acknowledge these images may be used on the Greenville-Pitt County Chamber of Commerce Facebook page, in newsletters and publications, as well as distributed to members. I understand that no personal information, such as names, will be used in any publications unless express consent is given. I also understand that my consent can be withdrawn at any time in writing to the Greenville-Pitt County Chamber of Commerce at 302 S. Greene St., Greenville, NC 27834.

My signature below indicates my approval for photos taken of me to be used by the Chamber.

Student Signature: _____

Date: _____

Parental/Guardian Permission/Approval Statement:

I am the parent/guardian of the above-named student, and I give my full permission to allow my child to participate in the 2020-2021 Greenville-Pitt County Chamber of Commerce Teen Leadership Institute (TLI). I am aware that if my child is selected, he/she will be involved in the TLI for (6) six days during the school year and will not be on school grounds during those six days. I understand that my child and I are responsible for transportation to and from the meeting sites and I hereby release and hold harmless the Greenville-Pitt County Chamber of Commerce, its employees or any individual involved in the planning, organization or presentation of TLI programming in regards to transportation, accident, illness, injury or damage whatsoever related to the above mentioned student’s attendance and participation in the TLI. I understand and accept that if my child does not adhere to the policies and procedures outlined by the TLI Advisory Council, he/she may not receive credit for successfully completing the program.

My signature below indicates that I have read this agreement and fully understand the above-mentioned guidelines.

Parental/Guardian Signature: _____

Date: _____

APPLICATION DEADLINE IS FRIDAY, SEPTEMBER 18, 2020 BY 3:00PM

**Please complete this application in its entirety. Required signatures must be in place. Turn this application in to your school counselor upon completion.*

Homeschool students can mail or email their completed application. **MAILING ADDRESS:**
Greenville-Pitt County Chamber of Commerce | Attn: Kimber Stone
302 S. Greene Street | Greenville, NC 27834

EMAIL:
kimber@greenvillenc.org