



## Youth Leadership Training **2010** June 2010 – April 2011

Thank you for your interest in participating in the Peace & Prosperity Youth Action Movement for Social Justice (Peace & Prosperity Movement/P<sup>2</sup>M), a yearlong internship to investigate barriers to health and advocate for change. The first step to participating is to fill out the attached application.

The purpose of this application is to collect some basic information, find out about your skills and interests as well as learn why you are interested in an internship. Please print clearly, complete all information and answer all questions truthfully. Parent/guardian contact information and signature granting permission to participate is required.

Once we review your application, you may be called in for a group interview and/or audition to learn about your interest in the program, leadership abilities, talents and special skills. If you indicate any performing arts talents we may ask you to demonstrate your abilities. The interview is designed to get to know you better for this and other opportunities to come.

The internship, beginning June 2010, requires a one-year commitment to the program including attending scheduled trainings, meetings and outings. All interns who meet the minimum qualifications will be compensated with stipends of no less than \$750.

Interviews for the academy will be scheduled on a first-come, first-serve basis so turn in your application as soon as possible. The application deadline is Thursday, May 6, 2010.

Best Wishes! We look forward to hearing from you soon!

**Questions:** Contact Angela Austin at 517.410.1014 or [angela@oneloveglobal.org](mailto:angela@oneloveglobal.org)

Participant Registration Form

Please register me in the Peace & Prosperity Movement Youth Leadership Training program to be held from June 2010 – April 2011. I will be entering 7<sup>th</sup> – 12<sup>th</sup> grade in the fall of 2010.

FOR PARTICIPANT: Please PRINT all information except for your signature.

Participant's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Social Networks: (Check all that apply)

\_\_\_\_ Face Book \_\_\_\_ Twitter \_\_\_\_ My Space \_\_\_\_ Blog \_\_\_\_\_ Other (please identify)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Power of 9 Participant 2009? \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade/Level \_\_\_\_\_

Participant Agreement  
(Read and sign)

I agree:

1. Not to bring or use illegally controlled substances, including drugs and alcoholic beverages. Adult leaders must be made aware before the event of the use of prescription drugs. The possession and use of tobacco or any tobacco product is prohibited, including cigarettes. I understand that my parent/guardian will be notified and I will automatically be sent home at my own expense if I violate this agreement;
2. To respect the needs and property of others; and not to participate in any inappropriate behavior;
3. To serve as a role model and leader for my peers and in the community
4. To participate in all scheduled activities and not to leave the activity site without the permission of an adult advisor; and
5. To have fun!

I understand that agreements 1, 2, 3 and 4 are designed to make the leadership training the best and safest possible for everyone and that if I violate any of these agreements program staff may terminate further participation in the program.

I have read the above and agree to live by these standards throughout the program.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR PARENTS:** Please PRINT all information except for your signature.

My child has my permission to attend the Peace & Prosperity Movement Leadership Training

I understand that the program will be under the supervision and direction of adult leaders and partners approved by the Ingham County Health Department. I waive any claim against Ingham County Health Department, One Love Global, and its approved leaders or partners. **In case of medical emergency, I understand every reasonable effort will be made to contact me. If I/we cannot be reached, I/we, the parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, hereby authorize and consent to the physician selected by the approved leader, partner or chaperone to hospitalize and select proper treatment including but not limited to injection, anesthesia or surgery for my child.**

Date \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Policyholder \_\_\_\_\_ Policy # \_\_\_\_\_

Drug or Food Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Special Needs (including dietary) \_\_\_\_\_

**If I can't be reached, contact** \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Second Emergency Contact** \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Youth Media and Photo Release Form**

The undersigned participant does agree to grant permission to record on film, videotape, or audio tape, his or her participation at the program and related events. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) and that such use shall be without payment of fees, royalties, special credit, or other compensation. This form shall be valid until such time that it is revoked by the undersigned.

\_\_\_\_\_  
*Participant's Signature* *Date*

\_\_\_\_\_  
*Parent/Guardian Signature* *Date*



