



Teen Leadership Program
Application for Teens

RETURN BY 4- 30-10 to:
CHOM Teen Leadership Program
2213 University Blvd.
Tuscaloosa, AL 35401
Email: sherie@chomonline.org
fax: 205-349-4276

Name: _____ Date: _____

Home Phone: _____ Other Phone: _____

Address: _____

City: _____ Zip: _____

Email address: _____

Birth date: _____ Age: _____

School: _____ Current grade: _____

Parent/Legal Guardian Name: _____ relationship: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email address: _____

What are your hobbies and interests?

Why do you want to participate in CHOM's Teen Leadership Program?

Have you volunteered before? If so, where? What did you do?

What other organized activities (e.g., clubs, group projects, work,) do you participate in? Describe any responsibilities you have had in them.

Do you like children?	yes {	no {
Have you worked with younger children before?	yes {	no {
Do you enjoy talking with people you just met?	yes {	no {
Do you enjoy explaining things?	yes {	no {
Do you enjoy giving speeches or demonstrations?	yes {	no {
Do you like working with your hands?	yes {	no {

Give two unrelated references with phone numbers (e.g., teachers, scout leaders, clergy, neighbors):

Reference #1

name: _____ phone: _____

relationship: _____ number of years known: _____

Reference #2

name: _____ phone: _____

relationship: _____ number of years known: _____



Teen Leadership Program
Application for Parents

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In the event of an emergency, whom should we contact?

Name: _____

Relationship: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

If your child has any medical, learning, or behavioral issues that we should be aware of, please list and explain:

VOLUNTEER RELEASE

I give permission for my son/daughter to volunteer at CHOM. In addition, I release the Children's Hands-On Museum (CHOM), and its officers, agents and employees from any and all liability which may arise as a result of my child's volunteer activities at CHOM. I waive any claim for damages to my/my child's property and assume all the risks of such participation.

(Signature of parent/guardian) Date: _____

PHOTOGRAPHIC RELEASE

I grant permission for the Children's Hands-On Museum (CHOM) and its agents to photograph or otherwise record my child's likeness and/or voice, and to distribute these recordings for promotional/informational purposes.

(Signature of parent/guardian) Date: _____