



**RETURN in April to:**  
CHOM Teen Leader Program  
2213 University Blvd.  
Tuscaloosa, AL 35401  
Email: [sherie@chomonline.org](mailto:sherie@chomonline.org)  
fax: 205-349-4276

**TEEN LEADERSHIP PROGRAM**  
Application for Teens 14 - 17 years

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 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.

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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 references not related to you 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 Leader 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 hold harmless and release the Children's Hands-On Museum (CHOM), 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: \_\_\_\_\_