



## BOSTON YOUTH LEADERSHIP DEVELOPMENT PROGRAM APPLICATION 2018

**Please print neatly and fill out completely. Incomplete or late applications will not be considered.  
Submission deadline: June 15, 2018**

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your email \_\_\_\_\_ Home phone # \_\_\_\_\_

Personal cell phone # \_\_\_\_\_ Do you accept text messages at this number?  Yes  No

What is the best way to contact you (check all that apply)?  email  text  phone  Facebook

Date of birth (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_ What gender pronoun do you use?  she  he  they

Name of legal guardian \_\_\_\_\_ Name of 2nd legal guardian \_\_\_\_\_

Guardian contact phone # \_\_\_\_\_ 2nd Guardian contact phone # \_\_\_\_\_

Guardian email \_\_\_\_\_ 2nd Guardian email \_\_\_\_\_

Are you attending school?  Yes  No

Current school name \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you speak a language(s) other than English? Yes No If yes, please list \_\_\_\_\_

What language do you speak at home? \_\_\_\_\_

How many people do you have in your household? \_\_\_\_\_ # of adults \_\_\_\_\_ # of children

What is your total household income?

\$0 – 10,000  \$10,001 – \$20,000  \$20,001 – \$40,000  \$40,000 – \$60,000  \$60,001- \$80,000  \$80,001+

What is your racial/ethnic identity? Check all that apply (optional).

Asian  Black/African American  Native American Hispanic/Latino  Caucasian

African Pacific Islander Other \_\_\_\_\_

**Please fill out and sign the following safety information. Please have your parent or guardian fill out and sign the appropriate lines.**

(continued on next page)

Are there any **health concerns** we should consider when planning your minor’s participation? (Casts, Asthma, Allergies, etc...) List medications, when taken, and purpose: Attach separate page if necessary.

Describe any **behavior concerns** that should be considered for group learning (ADD, hyperactive, etc.)

Describe any **dietary restrictions** that your teen might have (no pork, food allergens, vegetarian, etc.)

**Medications:**

We will ask you to fill out a “Medical Release Form” for any medications that need to be administered during the duration of your minor’s participation in a C.A.C.A. Boston program. In managing injury or illness on-site,

**Please check the medications that your teen cannot be given.**

- Ibuprofen (Advil, etc.)
- Acetaminophen (Tylenol, etc.)
- Oral antihistamine (Benadryl/Zyrtec)

**Emergency Numbers** (if guardians can’t be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my permission for C.A.C.A. BOSTON staff to provide first aid for the minor named above and to take the appropriate measures including contacting the Emergency Medical System and arranging for transportation to the nearest medical facility or hospital. I agree to indemnify and hold C.A.C.A. BOSTON, its officers and employees, harmless from claims of losses for any bodily injury or property damage which occurs or is alleged to have occurred as a result of negligence of the participant.

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

**Health Insurance Company** \_\_\_\_\_ **Member ID #** \_\_\_\_\_

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**Photo/Video Release**

I give C.A.C.A. BOSTON the right and unrestricted permission to copyright and/or use and/or publish (1) the image or likeness on videotape, and (2) photographic pictures of my child named on this form, including but not limited to, the promotion of the C.A.C.A. BOSTON and its programs.

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

The undersigned parent or guardian of the minor named hereby acknowledges their minor’s interest in participation in the C.A.C.A. BOSTON YOUTH LEADERSHIP DEVELOPMENT PROGRAM and agrees to waive all claims and release and discharge C.A.C.A. BOSTON, their board of director, general managers, and employees from any and all liability or demands that may arise in connection with 1) any accident, illness, injury or other consequence or event arising from or related to participation in the BOSTON YOUTH LEADERSHIP DEVELOPMENT PROGRAM 2) any cause beyond control of the organizers, including but not limited to natural disasters.

In consideration of voluntarily participation in the program, I hereby assume all such risks and all other risks associated with the program, whether or not specified in this waiver and release, and understand that the organizers are not a guarantor of my child’s safety.

Name of Child \_\_\_\_\_

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

# APPLICATION - SUPPLEMENTAL QUESTIONNAIRE

**Directions:** This survey will help C.A.C.A. Boston Youth Leadership Development Program learn more about you and your interests. Be sure to complete the entire survey. If you need more space, please attach additional sheets of paper. Must include questionnaire as part of the application.

What careers are you interested in?

What is one goal you have set for the future?

If you could learn something new, what would it be?

Do you speak any languages other than English? If so, which languages?

If you had a whole day to do whatever you wanted what would you do?

**Circle ALL the words that best describe you:**

Quiet	Talkative	Shy	Friendly	Lonely	Funny
Serious	Helpful	Moody	Happy	Sad	Active
Adventurous	Outgoing	Popular	Hopeful	Cautious	Loud

What is your favorite...

Music group? \_\_\_\_\_

Food? \_\_\_\_\_

Famous person? \_\_\_\_\_

Movie? \_\_\_\_\_

Book or story? \_\_\_\_\_

Video or computer game? \_\_\_\_\_

School subject? \_\_\_\_\_

Place to hang out? \_\_\_\_\_

Physical activity? \_\_\_\_\_

Time of year? \_\_\_\_\_

(continued on next page)

List two things you hate to do:

1. \_\_\_\_\_

2. \_\_\_\_\_

List at least two things you feel like you do well:

1. \_\_\_\_\_

2. \_\_\_\_\_

What qualities do you value in an adult?

Are there any other issues of importance to you that you would like to share with your instructor?

Why are you interested in participating in this program?

What do you hope to get out of the program?

What else would you like to share about yourself that is important to know?

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**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This form must be completed and submitted by **June 15, 2018**. Email all application materials to [cacabostonlodge@gmail.com](mailto:cacabostonlodge@gmail.com) (Subject Line: Boston Youth Leadership Development Program Application)

This page is intentionally blank. Please have a teacher or recommender fill out pages 7-8 to complete your application. Teacher can be any teacher who knows you. Recommender can be someone whom you have worked for or any adult who knows you well, but cannot be immediate family.

# BOSTON YOUTH LEADERSHIP DEVELOPMENT PROGRAM RECOMMENDATION FORM 2018

(To be filled out by a **teacher or recommender**)

Attention applicant: this form must be filled out by a **teacher or recommender**. This form must be completed and sent in by **June 15<sup>th</sup>, 2018**. Email all application materials to [cacabostonlodge@gmail.com](mailto:cacabostonlodge@gmail.com) (Subject Line: Boston Youth Leadership Development Program Application)

Applicant's name \_\_\_\_\_

Teacher/Recommender name \_\_\_\_\_ Organization/Affiliation \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

How would you describe the applicant? Check all that apply.

- |  |                                      |   |   |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Motivated         | <input type="checkbox"/> Confident   | <input type="checkbox"/> Quiet                            | <input type="checkbox"/> Independent      |
| <input type="checkbox"/> Problem solver    | <input type="checkbox"/> Empathetic  | <input type="checkbox"/> Respectful                       | <input type="checkbox"/> Hands-on learner |
| <input type="checkbox"/> Outgoing          | <input type="checkbox"/> Creative    | <input type="checkbox"/> Energetic                        | <input type="checkbox"/> Good listener    |
| <input type="checkbox"/> Reliable          | <input type="checkbox"/> Introverted | <input type="checkbox"/> Mature                           | <input type="checkbox"/> Flexible         |
| <input type="checkbox"/> Good communicator | <input type="checkbox"/> Persistent  | <input type="checkbox"/> Needs opportunity and mentorship |   |

Additional comments on your experience/observations of the applicant?

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Please rate the applicant to the best of your knowledge (1= needs improvement, 5= excellent):

	Rating	Comments
Enthusiasm		
Dedication		
Flexibility		
Leadership		
Emerging or established interest in the environment		
Reliability		

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Why do you think this person would be an excellent candidate for the youth leadership development program?

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Please describe how this applicant has demonstrated an interest in leadership.

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May we contact you with questions or concerns?       Yes       No

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)