



## WALNUT WAY CONSERVATION CORP. GROWING YOUTH LEADERSHIP PROGRAM APPLICATION FORM

**TO BE COMPLETED BY ALL GYL CANDIDATES AND RETURNED TO THE WALNUT WAY CENTER  
(2240 N. 17<sup>TH</sup> ST.) NO LATER THAN FRIDAY, MAY 31ST AT 4 P.M.**

**Please note - GYL is open to all youth ages 15-18. Residents of Lindsay Heights will receive strong consideration.**

**Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Street City Zip

**Phone:**      **Day:** (    ) \_\_\_\_\_                      **Best time to call:** \_\_\_\_\_  
                     **Eve:** (    ) \_\_\_\_\_                      **Best time to call:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Students age 15 must obtain a work permit. Do you have a current/valid work permit?**  yes  no  
**If you do not have a work permit, please check the documentation you/your parents currently have access to**  Birth Certificate  State ID  Social Security Card

**School Attending:** \_\_\_\_\_ **G.P.A.** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **Area(s) of Interest:** \_\_\_\_\_

**If you can communicate in a language other than English, please list:**  
 \_\_\_\_\_

**Volunteer or Work Experience (please list most current experience first).**

Employer/Organization	Position Title/Volunteer Role	Year(s)

--	--	--

**References - Please provide two references**

<b>Name/Relationship/Organization</b>	<b>Address/Phone/Email</b>	<b>Year(s)</b>

**What do you hope to gain from the Walnut Way GYL Program?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you learn about Walnut Way Conservation Corp.?**  
\_\_\_\_\_  
\_\_\_\_\_

**How do you define leadership for a young person?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authenticity**

**I certify that information contained in this application is true and complete. I understand that false information may be grounds for immediate termination of program participant status at any point in the future. I authorize the verification of any or all information listed above.**

**Signed\_\_\_\_\_ Date\_\_\_\_\_**

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

**Media Release**

**I understand that photos and video/audio recordings of me may be made during Walnut Way GYL events and/or activities which maybe used in whole or in part by Walnut Way Conservation Corp. to promote the programs.**

**Signed\_\_\_\_\_ Date\_\_\_\_\_**

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