

# **TEEN LEADERSHIP WASHINGTON COUNTY - 2018**

Washington County Extension Office  
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Please complete and return to Debbie McIntosh in the Youth Services Center.  
**Deadline: Friday, April 21st, 2017. No application turned in after April 21st will be accepted.**  
**This application must be typed. Handwritten applications will not be accepted.**

Full Name:

Date of Birth:  Male:  Female:

Address:

City:  State:  Zip:

Email Address:

Phone Number:  Grade in 2017-2018 school year:

Parents'/Guardians' Names:

If selected, I will make a commitment to attend all Teen Leadership Washington Co. Program sessions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**REFERENCES:**

1. \_\_\_\_\_  
Name Address Phone #
2. \_\_\_\_\_  
Name Address Phone #
3. \_\_\_\_\_  
Name Address Phone #

Please answer the following questions. (Do not put your name on this page. Use additional sheet attached if more space is required.)

1. Please describe yourself – (in 200 words or more)

2. Please name three things that concern you most about life in Washington County.

1.

2.

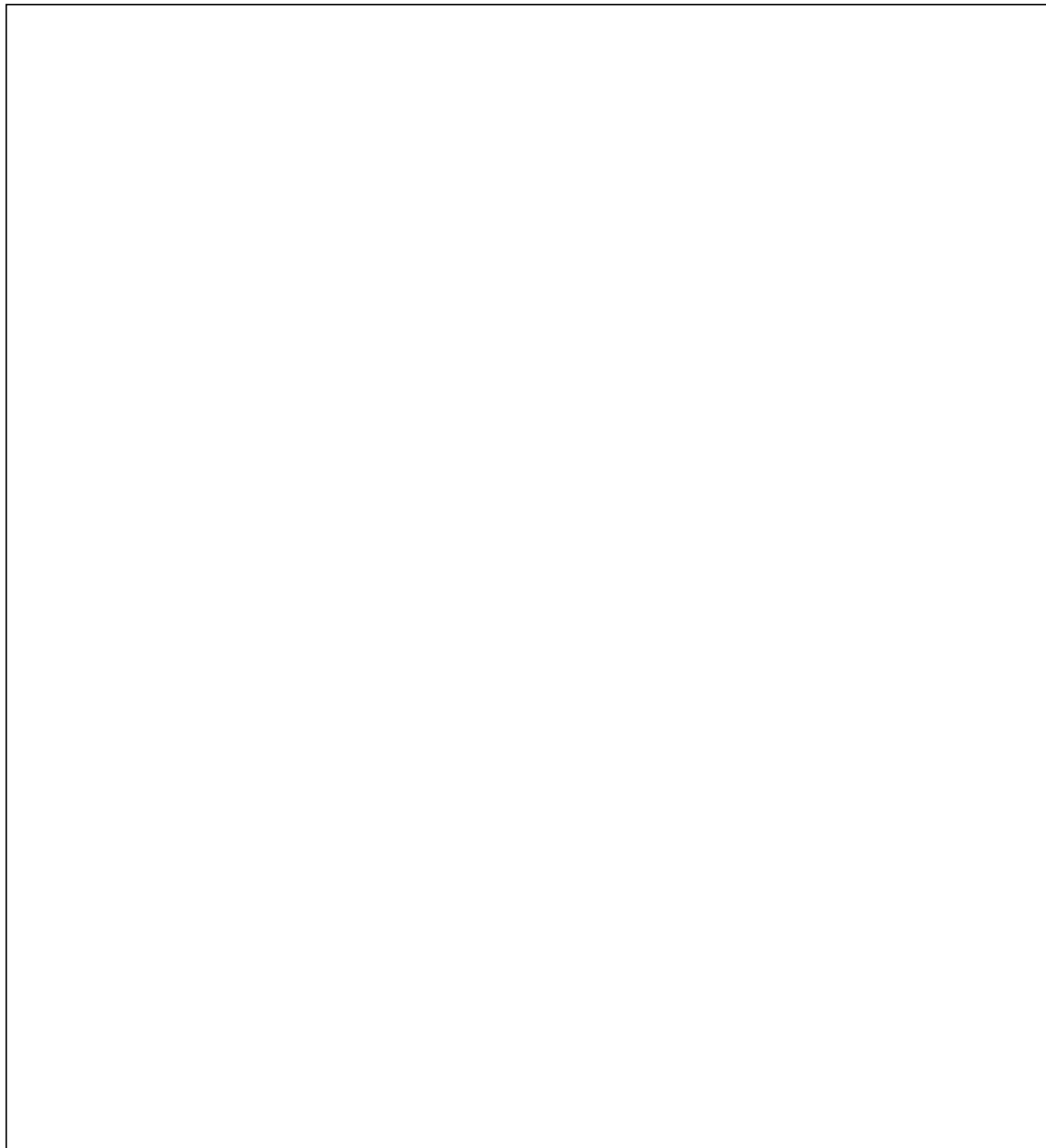
3.

3. If you could change anything about Washington County and the communities within it, what would you change and how would you change it?

4. Why do you feel you would be a good candidate for Teen Leadership Washington County?

5. How do you perceive your participation in Teen Leadership benefiting you in the future?

**Additional Space if needed: You may continue more than one question on this sheet. However, please put the number of the question you are responding to followed by the answer to that particular question. Do not put your name on this page.**

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the student to write their answers to the questions.