

TEEN LEADERSHIP ROCKLAND 2009-10

Confidential Application

This application and letters of reference must be received by Cornell Cooperative Extension, 10 Patriot Hills Drive, Stony Point, NY 10980 by **5:00 PM Thursday, October 8, 2009. THERE WILL BE NO EXCEPTIONS.**

Personal Information:

Name (FIRST, MI, LAST) _____
Address / Town / Zip _____
Home Phone Number _____ E-mail address _____

School Information:

School Name _____	School Phone Number _____
Street Address _____	
City/Town _____	State _____ Zip Code _____

ORGANIZATIONS/ACTIVITIES:

On a separate sheet, please list in order of importance, community, religious, social, athletic and other organizations in which you have been a member, (include dates and roles).

EXPERIENCE:

What type of work experience (paid or volunteer) have you had? Please describe.

What skills do you hope to strengthen or gain from this program which will help you be a better leader in your community and your school?

What do you feel you have to contribute to this program?

