

Marshfield Area Youth Initiatives 2011-2012 Application

Youth entering grades 9-12 are encouraged to apply for the Marshfield Area Youth Initiatives. The goal of Youth Initiatives is to educate and motivate potential young leaders and enable them to take an active role in reducing substance abuse in their community. Youth will be expected to be active and engaged in monthly meetings as well as school and attend a day leadership retreat. At the retreat youth will create and implement a yearly plan of action for their school.

Please type or print application. Complete all information using only this form. Submit form to: Marshfield Clinic Center for Community Outreach, 1000 North Oak Ave. F1C, Marshfield, WI 54449-5777, Attn: Youth Initiatives

(Name) Last	First	Middle	Preferred Name
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Address	City	State	Zip
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Home Phone	Cell phone	Email address
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School	Grade	Date of Birth
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Parent/Guardian Contact #1	Phone Number
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Parent/ Guardian Contact #2	Phone Number
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Please list 2 References

Reference	Email	Phone Number
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Reference	Email	Phone Number
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Describe any school and/or non-school related activities in which you have participated during the last two years. (community/civic/religious/scouting/athletic, etc.)

Why do you want to take a leadership role in reducing substance abuse in Marshfield?

What can you do to become a leader within your school and community?

Describe a special gift or talent you have.

Describe a time when your actions positively impacted a person, your school, or your neighborhood.

Student Signature

Date

Parent Signature

Date

By signing the above, I agree I have read the information on the Marshfield Area Youth Initiatives program and am willing to have my child participate. *I understand that participation at all sessions is mandatory.* If your son, daughter or ward will be under the age of 18 years while at our event, it is Marshfield Clinic's policy to secure your consent to obtain medical treatment. By signing above you are giving your consent for Marshfield Clinic to obtain medical treatment for my child at an appropriate medical facility in case of illness or injury. Also, by signing above I agree to hold harmless and indemnify the Marshfield Clinic; their officers; employees and agents; from any and all liability, loss, damages or expenses which are sustained or required arising out of the transportation of your dependent in this program and/or arising out of the actions of your dependent during an event.