

Face It Teen Interest Form

2006-2007

Please type or print clearly in ink. Return application by June 2, 2006 to:

Face It Program Director, Girl Scouts of Michigan Trails
3275 Walker Ave. NW

Grand Rapids, Michigan 49544

Phone: 616-784-3341 ext. 123 ~ Fax: 616-784-8187 ~ E-mail ljoswick@gsmt.org

Name: _____ Telephone # (____) _____

Address: _____ City/Zip: _____

E-Mail Address (if applicable): _____

School: _____ 2006-07 Grade: _____ Birthday: ___/___/___

Are you currently a registered Girl Scout? Yes No (You do not have to be a Girl Scout to join)

1. How did you hear about Face It?
2. Why do you want to become a Face It Teen Leader?
3. Do you have any experience working with children? If so, please describe it below.
4. The Face It Team values diversity. Please explain your desire and willingness to work with a group of diverse teens and adults.
5. What do you feel is the biggest challenge that girls face today?
6. How could you help girls over come this challenge?

7. What social issue are you most passionate about? Please explain how you stand up for this issue.

8. My best meeting day and time is _____

I have do not have, transportation to attend meetings and workshops.

9. Face It training takes place each year in August. Please list the dates of any weekends where you would not be able to attend a training. The training date will be based upon when most teens are available.

I understand that training is required to prepare me as a Face It Teen Leader. I agree to complete this training, attend meetings once a month, design one workshop for the age level of my choice, and deliver 10 one-hour workshops during the school year.

Signature: _____ Date: _____

Please list one the name, address, and phone number of one adult non-relative reference that knows or your leadership experience and/or ability to work with youth.

Name: _____ Telephone # (____) _____

Address: _____ City/Zip: _____

Parent/Guardian Permission

I, (parent/guardian) _____ give permission for my daughter to participate as a Face It Teen Leader. I understand her requirements for participation include training, attending monthly team meetings, participate in designing workshops, and delivery of ten one-hour workshops to younger girls throughout the school year. I understand her training will include information in life planning, presentation skills, age level characteristics of younger girls, and contemporary issues including personal safety, diversity education, literacy, self-esteem and body image. In addition, my daughter will gain skills in communication, assertiveness, decision making and self-esteem. I give permission for my daughter to join Girl Scouts of the USA and become a Face It Teen Leader. I give permission for my daughter to be photographed for Girl Scout publicity purposes.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact: _____

Emergency Contact Phone Number: _____



Girl Scouts.

