

Youth Leadership and Teen Council Program Application School Year 2019/2020

Thank you for your interest in The Haven Teen Centers Youth Leadership and Teen Counsel Program! The Haven Teen Counsel will act as an advisory board to the Program Director and Haven Board of Trustees. The Haven Teen Counsel will develop programs and events for the Haven and will work with the Program Director to lead the Haven Teen Center and its participants.

The Haven Teen Counsel will comprise of 8 - 10 teens in grades 8th - 12th. Teen Counsel members will be required to attend meetings twice per month on a date to be selected later and will also be required to attend The Haven at least 2 - 3 times per week. The Counsel will be guided by the Program Director and will report to The Haven Board of Trustees. The program will continue through the 2019/2020 school year. Members can reapply for a position on the next years counsel at the end of their current term. On select occasions current members may be asked to stay on, without reapplication, if they demonstrate significant growth in leadership and a strong desire to help their fellow teens through new and existing programs and events at The Haven. This program is an exciting opportunity to gain leadership experience whilst guiding The Haven towards what YOU, our teens, want it to look like.

Personal Information

First Name:	Middle N	ame:	
Last Name:	Date of Birth:		
Physical Address:			
Mailing Address:			
Telephone:	(Cell)		(Home)
Email:			
Emergency Contact:		Relationship to you:	
Emergency Contact Phone #:			



Certifications:	CPR	First Aid	Lifeguard	Other?			
Have you been exp	pelled, sus	pended, or g	otten multiple (detentions at s	chool?	Yes	No
If yes, please expla	in. Answe	ring yes won	't necessarily di	squalify you			
Do you have any c	riminal cha	arges against	you, pending o	r otherwise?	Yes	No	
If yes, what are the	ey? Answe	ring yes won	't necessarily d	squalify you			
Are there any circube apart of this pro			the above, that	could call into	question	n your a	bility to
If yes, please expla	in. Answe	ring yes won	't necessarily di	squalify you			
Questionnaire							
Age:	Grad	le:	Scho	ol:			
Do you have any e	xperience	in leadership	? Yes	No			
If yes, where? Wha	at was you	r role?					
What are your inte	erests? Hol	obies?					
What do you envis	ion your r	ole being on	The Haven Tee	n Counsel?			
Give three ideas for	or program	s and/or eve	ents at The Have	en.			
2							
2 3.							



Do you agree with The Haven's mission and vision statements?	Yes	No
Do you agree to act in line with The Haven's mission and vision?	Yes	No
Can you commit to Teen Counsel meetings twice per month (date TBD)?	Yes	No
Can you commit to attend The Haven at least 2 - 3 times per week?	Yes	No

Which days/times could you commit to being at The Haven?

	12pm	1pm	2pm	3pm	4pm	5pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Please read the following carefully before signing this application:

I understand that this is an application, not a commitment. I agree to continue onto the interview stage should the opportunity arise. I certify, should I be selected, that I can commit a year to this program, unless overwhelming circumstances arise. I understand that misrepresentation of information, omission of information, or new offenses (at school or otherwise) may be cause for my immediate rejection as an applicant, or my termination from The Haven's Youth Leadership and Teen Counsel Program.



Signature of Applicant:	Date:
Signature of Parent:	Date:
Signature of Director:	Date:
When completed, return application	
In Person: The Haven Teen Center	Email: Josh Lewis - Program Director
112 Train St.	Programs@ortinghaven.com
Orting, Wa 98360	

If you have any questions about the Youth Leadership and Teen Counsel Program Application, please call (360) 872-8252 or email Programs@ortinghaven.com.