

## Teen Conversation Team Application

Name:	Birth Date:	
School:	: Grade:	
Phone Number:	Email:	
Names of Parent(s)/Guardian(s):_		
Parent Phone	Number:	Parent
Email:		
Please answers to the following qu	restions:	
	ed/done recently that you are proud of ademic life, personal life, etc.)	of? (This can be within
,	that you could bring to the Teen Contithin and outside of school, in your fre	•
3. What makes you unique? Lis	st and explain three words that can b	e used to describe you.
4. Who did you pick for your ref	erences and why?	
5. Please list your year-round o	ommitments.	
Student Signature:		
Parent Signature:		

## Teen Conversation Team Confidential Reference Form

Please have someone who can honestly vouch for your character (preference and adult, ex: teacher, coach, family friend, community leader, etc.; but a friend is acceptable to complete this form.

Name of applicant:				
Your Name:				
Your Email:		Your Phone Number:		
How long have you known the applica	ant?			
In what capacity have you known the	applicar	nt?		
Please evaluate the applicant by mar	king the	appropriate b	ox below:	
	Never	Sometimes	Always	I don't know
Demonstrates age-appropriate behavior				
Is accepting of diverse populations				
Possesses a positive attitude				
Is creative and innovative				
Is honest and responsible				
Demonstrates potential to develop and grow as an individual				
What is your overall recommendation  I recommend the applicant with  I recommend the applicant as  I have some reservations, but  I do not recommend the applicant applicant as applicant as applicant as applicant as applicant as a second and applicant appli	hout rese a good c believe t ant for th	ervation to the andidate for the he applicant he ne Teen Conve	he Teen ( nas a cha ersation T	Conversation Team. nce for success.
Signature:				