



2015-2016 Teen Huddle STUDENT APPLICATION

“Increasing autism awareness and acceptance among teens”

The application deadline is **April 21, 2015**. Please keep in mind applications that are incomplete and/or received after the deadline will not be considered.

Please type or print legibly all information requested except for signatures.

Download application as a WORD document and type required information or print application and fill in required data. Directions for mailing are listed on the last page of this form.

Student Information		
First/Middle/Last Name:		
How did you hear about Hope for Three?:		
Address:		
Home Phone:		Cell Phone:
Email:		

Ethnic Status (Optional):	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Mainland Puerto Rican <input type="checkbox"/> Mexican American <input type="checkbox"/> Other Latino <input type="checkbox"/> Other (Specify) _____
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Entering high school as:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior
School Information	
Name of School Attending:	
School Street Address:	
School City/State/Zip:	
School District:	
Principal's Name:	
Parent(s)/Legal Guardian Information	
Father's Name:	
Cell Phone:	
Email:	
Mother's Name:	
Cell Phone:	
Email:	
Legal Guardian's Name If Applicable:	
Cell Phone:	
Email:	
Please provide address for the above if different from student's address:	

Questions: (If downloaded as a WORD document, space will expand to allow *answering the following questions --- or use a separate sheet of paper to list the answers. Place your name at the top of each additional sheet of paper and include with the application.*)

1. What aspects of Teen Huddle appeal to you most, and why?
2. Describe your experience working with children, those with special needs, or children with autism.
3. What volunteer contributions can teens offer that are different from those adults provide?
4. What challenges do you foresee working with children on the spectrum and what will you do to overcome these challenges?
5. What extracurricular activities are you currently involved? Will the time commitment required for these extracurricular activities and those required for Teen Huddle conflict? If not, why?

2015- 2016 H43 Teen Huddle Contract

- I commit to attend specified sessions of the 2015-2016 Teen Huddle program
- I understand my commitment to Teen Huddle includes attendance at the following scheduled sessions and special events in addition to the monthly Teen Huddle activities :
- - Orientation**
 - Run For Autism 5K**
 - Car Wash For Kids**
 - Strike Out Autism**
- I understand that my participation as a 2015-2016 Teen Huddle member is a privilege, and I will fully participate in all session components, i.e., discussions, volunteer projects, etc.
- I understand that if I fail to attend the delegated percentage of sessions, I will not be allowed to continue in the Teen Huddle program.
- I understand that I am responsible for all transportation to and from events alone or carpooling and Hope for Three or the Teen Huddle is not reliable under any circumstances.
- I understand that I must promptly respond via email and/or phone to any communication from the **Teen Huddle**.

I have read and accepted the contract conditions listed above.

Date: _____ **Signature of Student Applicant:** _____

**Parents/Legal Guardians
Release/Consent to Participate**

- Granting permission for my son/daughter to apply to the 2015-2016 Teen Huddle, I recognize the time commitment required to fully participate and agree to meet the criteria outlined by the Teen Huddle.
- I understand that transportation to and from the Teen Huddle session(s) is the responsibility of the parents/legal guardians and/or the Teen Huddle applicant.
- By signing below, I hereby release and hold harmless the **Sugar Land Family Church, Hope for Three, Teen Huddle, and the volunteers participating in the program** from and against any injury, loss, damage, accident, or expense arising out of, or in any way related to, participation in the 2015-2016 Teen Huddle activities.
- I acknowledge that I have carefully read this release and understand its impact and effect.
- I acknowledge that if I have any questions regarding this release, I have exercised my right to have it reviewed and further explained to me prior to signing.

Parent/Legal Guardian: _____ **Date:** _____

Parent/Legal Guardian Email: _____

**Parents/Legal Guardians
Medical Release**

I hereby give permission to the Teen Huddle and its designated Teen Huddle volunteers, and any other trained medical personnel to treat my child in a situation that requires medical attention. I authorize said volunteers to seek such medical advice, treatment, and services as they deem necessary, in their sole discretion, which may be necessitated because of any injury or illness suffered because of my child's participation in the activities of the Teen Huddle.

I further agree to accept any financial responsibility for the care and treatment of such injuries or illnesses and for such further medical services which are required, even though all attempts to contact responsible parties have failed and there is urgency with respect to my child's treatment, or in the case in which benefits of my health insurance have been depleted and additional medical expenses or loss of income occur.

I understand that any medication my child may need for severe allergies (including bee stings, food allergies), asthma or other such medical condition(s) must be brought with my child to the program.

I have read the foregoing document in its entirety, fully understand the same, and freely and voluntarily sign my name to the medical release.

Parent/Legal Guardian: _____ **Date:** _____

**Parents/Legal Guardians and Student
Photography/Communications Release**

I hereby authorize the Teen Huddle to publish the photographs or video taken of my child, and their name, for use in printed publications, videos, and on authorized websites.

I acknowledge that since my son/daughter's participation in media produced by the Teen Huddle is voluntary, we will receive no financial compensation.

I further agree that my son/daughter's participation in any media produced by the Teen Huddle confers no rights of ownership whatsoever to me or my child. I release the Teen Huddle from liability for any claims by me or any third party in connection with their participation.

Parent/Legal Guardian: _____ **Date:** _____

Student Signature: _____ **Date:** _____

INSTRUCTIONS FOR RETURNING THE STUDENT APPLICATION

- (1) Fill in all data requested on the application and answer all questions;
- (2) Obtain required signatures;
- (3) Mail or return completed application with all required signatures to:

2015-2016 Teen Huddle
c/o Samantha Noronha
Hope For Three
11104 W. Airport Blvd., Ste. 150
Stafford, TX 77477

Questions? Contact Samantha Noronha, 713-505-9304 or by email Samantha@hopeforthree.org

*Please make sure the application has been completed in its entirety
and obtain all required signatures.*