

LIFE CHOICES PROJECT

TEEN LEADERSHIP PROGRAM

Please enclose the following materials to complete the application. Rolling admission accepted on first come basis. Program begins Tuesday, January 23, 2007.

Application Checklist:

- ❑ **Completed application (including Narrative)**
- ❑ **Copy of Report Card**
- ❑ **THREE (3) Reference Forms**
- ❑ **Signed Parent Permission Form**

Deliver to:

GBAPP/ Life Choices Project
Attn: Candida Paul
156-158 Mill Hill Avenue
Bridgeport, CT 06610

For more information,
contact Candida Paul, Life Choices Program Coordinator
cpaul@gbapp.org; (203) 384-3629



Life Choices Teen Leadership Program Reference Form

Name (*please print*) _____ has applied for the position of Teen Leadership for the Greater Bridgeport Adolescent Pregnancy Program, Inc. (GBAPP)'s Life Choices Project. This position will involve learning to become a Leader for others and the community. Applicants should be between the ages of 15-18, excellent role models, possess leadership skills, are comfortable interacting with GBAPP Life Choice's staff, and work effectively with others. Applicants should also have a minimum GPA of 2.8 in order to participate in the program. A copy of student's report card along with the reference form must be attached to the application.

1. How long have you known the applicant and in what capacity?
2. Do you believe the applicant would be an effective leader who will be able to facilitate discussion, be flexible and motivating, and handle conflict? Please describe.
3. Do you believe the applicant would be an appropriate role model?
4. In your opinion, will the applicant interact well with staff, and other youth involved in the program?
5. What is your recommendation of how well suited this applicant is to the Teen Leadership Program?

_____ highly recommend
_____ recommend
_____ recommend with reservations
_____ cannot recommend at this time.

Life Choices
Teen Leadership Program
Reference Form
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If you recommend with reservations, please list those reservations.

Recommender's Signature _____ Date _____

Recommender's Name (*Please Print*) _____

Position _____ Phone _____

Email _____

Thank you for your assistance!

Program starts on January 23rd

Reference Form must be attached to application.

Complete Application Packets may be mailed or hand delivered to:

**GBAPP/ Life Choices Project
Attn: Candida Paul
156-158 Mill Hill Avenue
Bridgeport, CT 06610**



Life Choices Project

Teen Leadership Parent Permission Form 2007

I, _____, parent or guardian of _____

_____, do hereby give my permission for my child to participate in

the Teen Leadership Program sponsored by GBAPP Life Choices Project.

I understand my child will be responsible for reporting to program on certain days and have obligations to fulfill in this program in order to be a successful Teen Leader. If for any reason, my child is unable to fulfill their obligations in this program I will make contact with Program Coordinator at that time.

Signature of Parent or Guardian

Date of Signature

Phone Number

Emergency Contact

Phone Number