UWEXCE

**Youth Application**

**The 4-H Tech Wizards Program is a year-long mentoring program run by the University of Wisconsin – Extension. Youth and Mentors who are accepted to the program must commit to meet weekly with their mentoring group. This commitment includes the summer months. During the academic year, the mentoring groups will meet afterschool at the school they attend. In the summer, the mentoring groups will meet at a suitable location (school, community center, library, etc.)**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in School: \_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Address/City/St/Zip­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What classes in school are most interesting?

Math Science Language Arts Social Studies Art other: \_\_\_\_\_\_\_\_\_\_

Which classes in school are you the most successful?

Math Science Language Arts Social Studies Art other: \_\_\_\_\_\_\_\_\_\_

What particular hobbies or interests do you have, either in school or out of school?

Please write about your future goals:

Why do you want to be in the 4-H Tech Wizards Program?

**Parent(s)/Guardian(s)** Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Address/City/St/Zip­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Primary telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email address: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Will accept Email communication Yes ⁪No  
Best way to contact you: ⁪ Phone ⁪Email Best time to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Emergency Treatment:**

I authorize the University of Wisconsin - Extension and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. **I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization**.

**Signature of Guardian**  \_ **Date:**

**Media Release**

⁪Yes ⁪No I want the University of Wisconsin-Extension to keep my name and contact information private when creating a public record or list.

Yes ⁪No I grant the University of Wisconsin Board of Regents and University of Wisconsin-Extension (hereinafter University) the right to publish, and copyright my image (including audio, moving image or photography) for educational programs, websites, and promotion of University programs.

⁪Yes ⁪No I require an accommodation for a disability to participate in this program.

**YOUTH PLEASE READ:** I accept the opportunity to participate in the 4-H Tech Wizards Program. The program runs the entire calendar year and I commit to attend weekly meetings from February through January of the following year. During the program, I will conduct myself in a positive manner to represent myself, my school and my community. I will complete evaluations and activities as requested by the mentors and I understand that my participation in the 4-H Tech Wizards Program is dependent upon my ability to conduct myself in a responsible manner, to follow expectations and to behave in safe and appropriate ways. *Failure to do so may result in dismissal from the Tech Wizards Program*.

I have read all statements above and fully understand the contents. This release and contract shall be binding upon me and my legal representatives.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Youth Participant Print Name Youth Participant Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian Print Name Parent/Guardian Date**

***\*\*\*IF CONTACT above is NOT AVAILABLE IN CASE OF EMERGENCY, PLEASE NOTIFY:***

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use Only:** screened by \_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_ Accepted \_\_\_ Not Accepted \_\_\_

Mentor Assigned to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date to begin: \_\_\_\_\_\_\_\_\_