



New York National Guard Teen Council



SECTION I: Applicant Information

Teen Name: _____ Name you prefer to use: _____
Date of Birth: _____ Gender: _____
Social Security Number: _____-_____-_____ Current Year of School: _____
Mailing Address:
Street: _____ City: _____
County: _____ Zip: _____
Home Phone Number: _____ Teen Cell (if applicable): _____
Teen Email Address: _____
Drivers License: (Yes or No): _____
Does Teen Have/Use The Following: Yes or No
Facebook: _____ Twitter: _____ Skype: _____ Text: _____ **Instagram:** _____ Email Daily: _____

SECTION II: Parent or Legal Guardian Information

Name of Mother/**military branch**: _____
Email Address: _____
Home Phone Number: _____ Cell Phone: _____
Name of Father/**military branch**: _____
Email Address: _____
Home Phone Number: _____ Cell Phone: _____
Name of family member/**branch**, if not a parent, in the NYNG: _____

SECTION III: School Information

Name of School: _____ School District: _____
School Address: _____
School Phone Number: _____
Name of Principal: _____ Name of Dean (if applicable): _____
Name of Guidance Counselor: _____
Name of a Teacher Reference: _____ Subject Taught: _____
Contact Info (Email or Phone) _____
Can we contact this person? _____ Best Time of Day to Contact? _____

SECTION IV: Teen Council Commitment

Answer the following questions (Please use space provided or a separate piece of paper):

1. What are some of your extracurricular activities and volunteer experiences that you have?

2. What are three character traits that describe you the best, and why?

3. What special skills will you bring to the Teen Council?

4. Why do you want to be a part of the Teen Council?

5. If you were selected, how you would you promote the Teen Council within the state and your community?

6. If you could do three things to improve life for National Guard youth and teens, what would they be?

7. What is your definition of a role model?

SECTION V: Leadership Opportunities

Leadership roles are offered on the Teen Council. Circle the position you would like to serve as:

President

Regional Representative

General Member

Are you comfortable with public speaking in front of your peers? _____

Are you comfortable with public speaking in front of a large group of adults? _____

What are some of your public speaking experiences, if any? _____

SECTION VI: Signatures

I have prepared this application and certify that it accurately reflects my work,

Signature of Applicant:

Date:

I fully support my teen's application to the New York National Guard Teen Council,

Parent or Legal Guardian Signature:

Date:

Submit all applications by mail, fax or email to:

Kimberly Hierholzer
Lead Child and Youth Program
Coordinator New York National Guard
330 Old Niskayuna Rd
Latham, NY 12110
Fax: 518-786-6075
Email:
kimberly.l.hierholzer.ctr@mail.mil