**HOFNA** **Girls Leadership Boot Camp Application Form**

 **(MUST be filled by the Girl)**

HOFNA Girls leadership Boot Camp program will address issues that teen girls face every day. Our goal is to use this program to empower girls and help them develop vital leadership skills. This character and skill building program is designed to assist every girl in finding her true voice in the world so that she is self-confident, empowered and proud.

Please visit (link) for the program policy, code of conduct and details

PARTICIPANTS INFORMATION

1) First name

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2) Middle and last name

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3) Email address

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4) Address

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5) Phone number

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6) Date of birth/age

7) Region of origin

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8) a) Are you a student?(yes or no)

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 b) If yes, which school and what level?

Parents Or Guardians Information

 9) Main contact (parent/guardian)

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* 1. Parent/guardian 1
		1. Name
		2. Email
		3. Phone number
	2. Parent/guardian 2
		1. Name
		2. Email
		3. Phone number

10) a) Emergency contact (person such as relative other than guardian)

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 b) Emergency contact telephone number

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11) Authorized person for pick up, as listed on their identity card (include authorized persons contact information, if not listed above in emergency contact).

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12) Please take a moment to answer the following questions honestly and in detail. This part of the application is taken more seriously. This is an opportunity for HOFNA and her partners to get to know you and hear your voice. This is an opportunity for self-reflection and self-awareness and will also assist as in the selection process.

 a) What three words come to your mind when you think about leadership?

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 b) Do you currently see yourself as a leader? Please explain.

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 c) What does being a leader mean to you?

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 d) Are there any leaders you admire? If yes, who are they and why do you admire them? (Please list a maximum of two)

 e) Please tell us about your likes and hobbies.

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 f) Why is it important for you to take part in HOFNA girls leadership boot camp?

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 g) What do you feel are the most important issues that girls face today?

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 h) Have you ever been bullied? If yes, how did it make you feel?

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 i) Have you ever bullied one of your peers? If yes, how did it make you feel?

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 j) Do you feel that you suffer from low self esteem? If yes, explain.

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 k) Additional comments: please tell us any other thing you may want us to know.

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 l) How did you hear about this program?

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**CERTIFICATION (FOR PARENTS/GUARDIANS)**

As the parent/guardian of the minor child listed above, I hereby certify that the information contained in this application for HOFNA Girls Leadership Bootcamp Program is true and complete and that the female applicant is between the ages of 12 and 19.

I understand that any misrepresentation or deliberate missing of a material fact in this application may disqualify the child listed above from the application process.

By E-signing and submitting this form, I acknowledge that I have read and agreed to the terms of the Camp (LINK TO policy and terms and conditions)

Participant's E-signature, please print your full name below.

Full Name of Participant……………………………………

Parent/Guardian's E-signature, please print your full name below

Full Names of Parent/Guardian………………………….