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Asian American Public Health Youth Leadership Academy (AAPHYLA)
Participant/Ambassador Application

INSTRUCTIONS: Please email the completed application (2 pages) and questions (if any) to info@cchrhealth.org. Application deadline is Monday, June 06, 2016. We look forward to your application!

BASIC INFORMATION

First Name: _____ **Last Name:** _____

Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Sex: Male Female **Age:** _____ **Date of birth:** _____

Phone number: _____ **Email:** _____

High School: _____ **Grade:** _____

Besides English, what language(s) you can speak/write/read: _____

EMERGENCY CONTACT INFORMATION

Name: _____ **Phone number:** _____

Relationship to the applicant: _____

I consent to my child's participation on all activities/trips that are part of the AAPHYLA program.

Parent Signature: _____ **Date:** _____

PLEASE ANSWER THE FOLLOWING (THREE TO FIVE SENTENCES PER QUESTION):

Tell us about your previous leadership, volunteer- and health- related experience (if any):

Note: if none, list N/A and proceed to next question)

Leadership:

Volunteer:

Health-related:

Based on your knowledge and experience, what is leadership?

Why are you interested in AAPHYLA?

What do you hope to learn from AAPHYLA?

FROM APPLICANT

I (print applicant name) _____ pledge all the information in this application are correct and provided solely by me. Once selected in AAPHYLA, I am willing to abide AAPHYLA program's rules and expectations.

Applicant Signature: _____ Date: _____