

VolunteerLAKE

c/o Lake County Board of County Commissioners

P.O. Box 7800, Tavares, FL 32778

P: 352-742-6590 F: 352-742-6588 Email: hosborne@lakecountyfl.gov

TEEN ACADEMY: PUBLIC SERVICE APPLICATION

Please complete the following application and submit to VolunteerLAKE at the above address no later than close of business on June 12, 2009. Teen participants will gain an overall knowledge of County Government and Public Service during this one month program. The TAPS class size is limited to 24 teens, so sign up early.

PART 1: STUDENT APPLICATION INFORMATION

Last Name		First Name		Middle	
Home Mailing Address		City, State, Zip		Phone	Cell Phone
Birthdate	Grade Completed as of 6/2009		Skills		
Interest Areas					
1)		2)		3)	

PART 2: EMERGENCY CONTACT INFORMATION

Guardian's Name		
Guardian's Work Number	Home Phone	Cell Phone Email
Name Family Member Employed by Lake County		Work Phone
Department/Division	Relationship to Teen	

PART 3: ADDITIONAL INFORMATION (If continuation of an answer, or additional comments, indicate item number to which answer applies, and continue on reverse side of paper.)

1) Please tell us why you would like to participate in the Teen Academy: Public Service Program.
2) What is one thing that you would like to learn and how would you use it in your daily life?

PART 4: APPLICANT'S CERTIFICATION AND GUARDIAN CONSENT

Eligibility for participation in Teen Academy: Public Service Program is the sole discretion of VolunteerLAKE. By signing below, I, the teen, and I, the guardian, a) attest that the above information is true and correct and b) attest that the applicant is an immediate family member.			
_____ Student Signature	_____ Date	_____ Guardian Signature	_____ Date