

MISSISSIPPI CHILDREN'S MUSEUM PRESIDENT'S CIRCLE

PARTICIPANT APPLICATION *(submit immediately)*

Participant Information

First Name _____ Last Name _____ Gender M F

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____ Age _____ Date of Birth _____

Education Information:

School _____ Grade Level _____ Grade Point Average _____

Homeroom Teacher _____

Alternative cases (gifted, special ed. etc.) _____

Extra-Curricular Activities _____

Awards Recognition _____

Optional Information

Ethnic Background(s) _____

Communities you are a part of (racial, geographical, cultural) _____

Language(s) Spoken: English Spanish Other: _____

Parent/Guardian Information

First Name _____ Last Name _____

Relationship to Volunteer _____

Cell Phone _____ Work _____

E-mail _____

Primary Language Spoken: English Spanish Other: _____

I would like my child to participate in the MCM-PCI program:

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

MISSISSIPPI CHILDREN'S MUSEUM PRESIDENT'S CIRCLE

PARENT COMMITMENT AND TRANSPORTATION FORM

_____ has my permission to participate in the Mississippi Children's Museum President's Circle (MCMPC) program.

- I understand I am responsible to arrange or provide transportation for my child to and from the program.
- I understand the program has many components including, but not limited to once a month cultural sessions, action team meetings, creating success initiative and the occasional special sessions.
- I agree to support my child's participation in all aspects of the (MCMPC) program.
- I will do my best to support the MCMPC program staff as they work on educational goals with my child.

Print Parent/Guardian Name

Parent/Guardian Signature

Date Signed

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STUDENT COMMITMENT FORM

I understand the program has weekly programming focusing on customer service, cultural diversity, and leadership sessions. I agree to participate fully in all aspects of the MCMPC program. If conflicts arise I will notify program staff immediately.

- I understand the program runs April 2020 with a graduation celebration April 2021. I agree to participate from April 2020 through April 2021.
- I agree to attend all activities with an open mind and work hard to make this program the best experience possible.
- I agree to follow the Codes of Behavior and Working Agreements set by our group.
- I agree to respect participants, staff and cultures.
- I agree to commit to set educational goals with MCMPC program staff.
- I understand I am responsible for keeping my parents informed about my transportation needs to and from the program.

Print Student Name

Student's Signature

Date Signed



RECOMMENDATION LETTER

All students who apply to the Mississippi Children's Museum President's Circle program are required to have a mentor, counselor, teacher, partner, advisory board member, or civic community leader to complete this letter of recommendation.

Please answer the following questions to the best of your knowledge.

Student Requesting Reference _____

Your Name _____

Email Address _____

Phone _____

1. How long and in what capacity have you known this applicant? _____

2. How frequently are you in contact with this student?

___ Almost daily ___ Several times a month ___ Less than one a month ___ Other

3. Please describe the student's potential to be a leader.

4. Please describe a time in which you have seen this person take on a leadership role.

5. Please describe why this program will be beneficial to this student.

Any additional comments?

Please Rate this applicant on the following:	Above Average	Average	Below Average	Below Average	Unsure
Ability to work with diverse groups					
Respectful of others					
Responsible					
Takes initiative					
Open to new experiences					
Enthusiasm					
Emotional maturity					
Patience					
Friendliness					
Cooperative					
Ability to speak in front of groups					
Ability to manage time					
Ability to follow through on commitments					

Reference Signature: _____ Date: _____