

# MISSISSIPPI CHILDREN'S MUSEUM PRESIDENT'S CIRCLE

## PARTICIPANT APPLICATION *(Due by 5:00 pm on January 25, 2019)*

### 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 \_\_\_\_\_

*(Please attach resume or CV if available)*

### 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: \_\_\_\_\_

Participant 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 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 bi-weekly 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 Mississippi Children's Museum President's Leadership Circle program.
- I will do my best to support the Mississippi Children's Museum President's Leadership Circle program staff as they work on educational goals with my child.

**I would like my child to participate in the Mississippi Children's Museum President's Leadership Circle program:**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date Signed

# MISSISSIPPI CHILDREN'S MUSEUM PRESIDENT'S CIRCLE

## 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 Mississippi Children's Museum President's Leadership Circle program. If a conflict arises, I will notify program staff immediately.

- I understand the program runs February 2019 with a graduation celebration January 2020. I agree to participate from February 2019 through January 2020.
- 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 Mississippi Children's Museum President's Leadership Circle program staff.
- I understand I am responsible for keeping my parents informed about my transportation needs to and from the program.

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**Print Student's Name**

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**Student's Signature**

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**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. Teacher, counselor, administrator, partner, and board member and/or nominating party must complete this information.

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.

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1. Any additional comments?

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<b>Please Rate this applicant on the following:</b>	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: \_\_\_\_\_