

2016 - 2017 BLSV Application

Please return application by Friday, July 29, 2016.

Make checks payable to “Central PA Business & Education Association”

Type or Print Neatly in Ink

Name: _____

School: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different from above): _____

E-mail Address (Most Used): _____

County of Residence: _____

Date of Birth: _____ Please Circle: Male Female

Father's Name: _____

(Please include address if different from above)

Mother's Name _____

(Please include address if different from above)

Full attendance by each participant is essential if the *Building Leaders for the Susquehanna Valley* program is to meet its objectives. School attendance credit will be granted for each session attended, and absences will be documented and reported to school officials.

If selected, I am committed to attend each of the program sessions. I understand that transportation is the responsibility of the participating schools and/or the students depending on local policies.

Signature of Applicant

Date

Signature of Parent or Legal Guardian

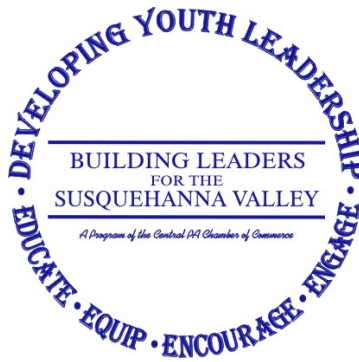
Date

Signature of High School Principal

Date

Signature of BLSV contact

Date



Organizations, Activities and Employment

Please answer in the space provided.

Please list, in order of importance to you, school, volunteer, religious, social, athletic or other activities or organizations in which you have participated in within the past 3 years.

Select one organization/activity listed above and briefly explain how your participation has been of benefit to you and the organization/activity.

If you have not participated in activities/organizations, please explain why.

List any job experience, paid or volunteer, and briefly explain what is involved.

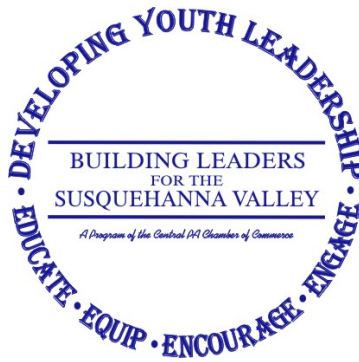
Do you currently have a job? Y N If yes, how many hours do you work per week? _____

Would your job interfere with your attendance in BLSV? _____

Building Leaders for the Susquehanna Valley is an educational program of the Central PA Chamber of Commerce.

30 Lawton Lane ~ Milton, PA 17847 ~ Phone: 570-742-7341 or 570-768-4900 ~ Fax: 570-742-2008

www.centralpachamber.com



Awards and Honors

Please answer in the space provided.

List any awards, honors or recognitions for academic, school or community-related activities you have received in recent years. Be sure to include any leadership positions or offices held.

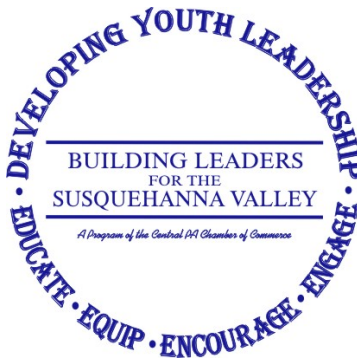
Other Information

Please answer in the space provided.

What do you feel is your greatest asset and why?

What leadership trait do you feel you need to develop and why?

If you could spend a day doing anything you wanted, what would it be?



Medical Information Form

Please Note: Type or Print Neatly in Ink

Applicant's Name: _____

School: _____ Home Phone: _____

In case of Emergency, contact:

(PRIMARY)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

(SECONDARY)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

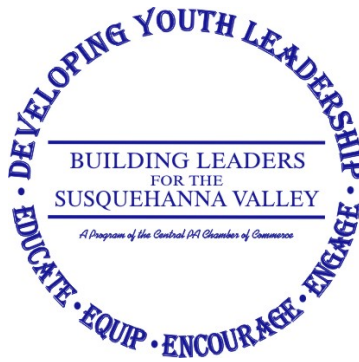
Address: _____

City: _____ State: _____ Zip: _____

Immunization Information

Please Note: Type or Print Neatly in Ink

Diphtheria, Pertussis, Typhoid, Poliomyelitis, & Tetanus up-to-date? Y N



Health Information

Please Note: Type or Print Neatly in Ink

HAVE YOU HAD? (please check)	Yes	NO	HAVE YOU HAD? (please check)	Yes	NO
Recurrent Headache			Epilepsy, Seizures or Dizziness		
Eye, Ear, Nose or Throat Problem			Fainting with exercise		
Thyroid Disorder			Head Injury or Concussion		
Heart Murmur, Disease or Palpitations			Bone or Joint Injuries		
High Blood Pressure			Stomach or Intestinal Problems		
Low Blood Pressure			Diabetes		
Anemia or Sickle Cell			Eating Disorder		
Bleeding Disorders: Hemophilia/Other			ADD or ADHD		
Hepatitis			Chicken Pox Vaccine or Illness		
Kidney or Bladder Disorders			Mononucleosis		
Pneumonia, Bronchitis or Tuberculosis			Alcohol or Drug Abuse		
Seasonal or Food Allergies/Hay Fever			Sexual Assault or Victim of Violence		
Asthma			Emotional Problems-Specify below:		

Describe any condition requiring medication as treatment: _____

List any medications presently prescribed by your family doctor: _____

Any surgery in the past year? Y N If yes, please explain: _____

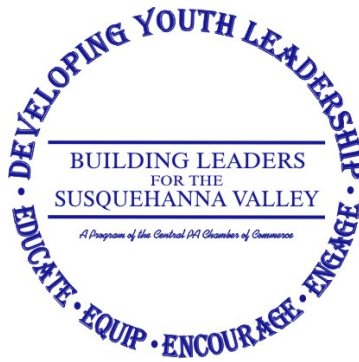
Are you currently being treated by a health care professional? Y N

Is there any other information the BLSV Program Director should know about your child? _____

List any special accommodations that are needed in order to participate in the program: _____

Name of family physician: _____ Phone: _____

If you have any other special dietary needs of which we need to be aware in planning lunches for our programs, please identify them below.



Parental Authorization for Medical Care

Please Note: Type or Print Neatly in Ink

If medical information changes, I agree to notify the BLSV Program Director. I hereby authorize you, in the event of an emergency – that is when you are unable to reach me for authorization or when the circumstances require immediate action – to proceed according to good medical practice with treatment of my son/daughter. Also, I authorize the hospital attending physician or other health care specialist administering the treatment to release pertinent information to the insurance company assuming coverage for the same.

Insurance Company Name

Policy Number

Applicant's Name (please print)

Applicant's Signature and Date

Parent or Legal Guardian's Name (please print)

Signature of Parent or Legal Guardian and Date

Photo Release

Photos and video taken during the school year at *Building Leaders for the Susquehanna Valley* programs and activities will be used in the positive furtherance of the program. If selected for the program,

_____ I **WILL** allow photographs and video to be taken of my son/daughter that have the potential to be published in newspapers, Central PA Chamber publications, published on the Central PA Chamber of Commerce Web site or in other digital media or to be shared with guest speakers.

_____ I **WILL NOT** allow photographs and video of my son/daughter to be taken for any use including newspapers, Central PA Chamber publications, published on the Central PA Chamber of Commerce Web site or in other digital media or to be shared with guest speakers.

Applicant's Name (please print)

Applicant's Signature and Date

Parent or Legal Guardian's Name (please print)

Signature of Parent or Legal Guardian and Date