



March 9, 2005

Dear Applicant,

We appreciate your interest in the 2005 Agents of Change program! Committed to empowering a diverse group of student youth leaders in the greater Boston community, we are selecting a passionate, motivated, committed group for next year's class. Do you believe that one person can make a difference and that with the power of a team, we as a community can do so much more? That is the driving force behind Agents of Change and we hope that you can be a part of it.

Agents of Change is an innovative leadership development program that empowers a diverse team of high school students with leadership skills, mentorship, an internship opportunity, and resources to lead action projects in the community. We hope that you have reviewed the Agents of Change Overview document on our website www.shareleadership.org and feel confident that you are aware of the expectations, qualifications, and responsibilities of an Agent of Change.

We look forward to reading your application and want to ensure that you complete it fully. Please review the checklist below:

- All application is filled out: information and questions
- Parent/Guardian Consent and Medical Form completed
- Two references

Tuition for the Agents of Change program is \$1250. A nonrefundable registration fee of \$20 must accompany each application. For first year Agents, the balance of \$1230 is due in full on June 1 unless special arrangements have been made. If you have been in the program before, we would like to invite you back as a CIT (Coach In Training) and your tuition is waived.

Financial aid funds and scholarships are available for students who are on reduced rate lunch plans at school. If this pertains to you, please check here ___ and our financial aid department will follow up to determine eligibility. Funds are limited and need-based, so EnVision Leadership may ask for documentation. If you are awarded financial aid, you will know at the time of acceptance.

Please make sure that your application is postmarked by **May 24, 2005** to EnVision Leadership Inc., 145 Hanover Street, Boston, MA 02108. You may also apply early if your application is postmarked by **May 20, 2005**. Decisions will be made within two weeks of these deadlines.

Thank you for your application and please let us know if you have any concerns or questions.

Sincerely,

The EnVision Leadership Team



AGENTS OF CHANGE

HIGH SCHOOL STUDENT APPLICATION

Student Information

First Name: _____ Last Name: _____
Home Phone: _____ Email Address: _____
Home Address: _____
City: _____ State: _____ ZIP: _____
Date of Birth: _____ Current Grade: _____
School Name: _____
Best times to contact you? _____
How did you hear about Agents of Change? _____

Family Information

Guardian 1/Parent 1

First Name: _____ Last Name: _____
Home Phone: _____ Work Phone: _____
Home Address: _____
City: _____ State: _____ ZIP: _____
Work Address: _____
City: _____ State: _____ ZIP: _____

Guardian 2/Parent 2

First Name: _____ Last Name: _____
Home Phone: _____ Work Phone: _____
Home Address: _____
City: _____ State: _____ ZIP: _____
Work Address: _____
City: _____ State: _____ ZIP: _____



Questions:

What are your interests and what activities have you been involved in?

What skills do you hope to learn through Agents of Change?

Why do you want to be a part of Agents of Change?



If you could change one social problem facing your community, what would it be and how would you improve it?

What are your professional interests? What would your ideal internship placement be? What type of company, and what would your role be? What skills would you be using?

What are some concrete ways in which you could bring back what you learn through Agents of Change to your school and community?



Permission and Medical Release Form- Next Two Pages to be completed by Parent or Guardian

Student's First Name: _____ Last Name: _____

Please describe any special needs or medical concerns of which EnVision Leadership and Agents of Change should be aware:

Please describe any prescription medication(s) taken: _____

Please describe any allergies or dietary restrictions: _____

Child's doctor: _____ Doctor's phone number: _____

Health Insurance Company: _____ Policy Number: _____

If your child is uninsured, please check here: _____

Name of closest relative or friend to contact in an emergency: _____

Relationship to child: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime phone: _____ Evening phone: _____

Agents of Change program days involve internships in the Boston area, workshops, discussions and trainings at an area university, and teambuilding trips in and around the Boston area. Please describe any limitations that may inhibit this student from participation:



Transportation

Students will travel to and from their homes to the service site, Agents of Change Headquarters, or their internship. As groups, we will primarily travel by public transportation or occasionally in cars driven by staff members or non-staff members.

May your child ride in a vehicle driven by licensed adults? YES NO
May your child ride in a vehicle driven by licensed students? YES NO

Waiver

Except as noted here, I believe that my child can participate successfully in activities at EnVision Leadership’s Agents of Change. I understand that every effort will be made to contact me before authorization of emergency treatment is given, but in case of emergency, I hereby give permission to secure proper medical treatment for my child at the nearest appropriate hospital or health facility. I acknowledge that my child is covered by the health insurance indicated on this form, and I agree to assume responsibility for all medical expenses not covered by insurance. I also allow any photographs or quotes said or of my child to be used in promotional publications (they will not be sold). I support my child’s interest in EnVision Leadership’s Agents of Change program. I have read the Agents Overview Document and my child’s application. I have read the descriptions of EnVision Leadership’s Agents of Change programs and activities and give permission for my child, _____ to participate. I further agree to waive any and all claims against EnVision Leadership for any injuries to my child of any nature arising out of his/her participation in EnVision Leadership’s Agents of Change programs.

Printed Name _____ Date _____

Signature _____



Reference #1 – Please give to recommender to either hand to you or mail to EnVision Leadership (address below), postmarked by your application deadline (May 20 or May 24).

Please choose a teacher or person you have worked with in the community that knows you well.

Student First Name _____ Student Last Name: _____

In accordance with the Family Rights and Privacy Act of 1974:

____ I, the above named student, hereby request that a confidential reference be written. I waive all rights to access its contents.

____ I, the above named student, request a non-confidential reference. I understand that this reference is open to me.

Student's Signature	Date	Parent/Guardian's signature	Date
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Person Giving the Reference:

Name: _____ Email Address: _____

Mailing Address: _____

Phone Number: _____ Best Contact Times? _____

Context they know you: _____

1. For how long and in what capacity do you know this student? Please describe.

2. How does this student work with others as a functioning member of a team?



3. Please describe this student's accountability, integrity, and respect.

4. Are there any factors that would inhibit this student from being a full participant of the Agents of Change program?

Please rate this student on the following:

Leadership Competencies	Confidence/Proficiency Level									
	Low			Moderate				High		
	1	2	3	4	5	6	7	8	9	10
Appreciation and Respect of Diversity										
Commitment to Service										
Teamwork and Leadership										
Creativity and Innovation										
Self-Awareness										
Commitment, Integrity, and Accountability										
Community Awareness										

Thank you for your input!



Reference #2 – Please give to recommender to either hand to you or mail to EnVision Leadership (address below), postmarked by your application deadline (May 20 or May 24).

Please choose a teacher or person you have worked with in the community that knows you well.

Student First Name _____ Student Last Name: _____

In accordance with the Family Rights and Privacy Act of 1974:

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Student's Signature	Date	Parent/Guardian's signature	Date

Person Giving the Reference:

Name: _____ Email Address: _____

Mailing Address: _____

Phone Number: _____ Best Contact Times? _____

Context they know you: _____

1. For how long and in what capacity do you know this student? Please describe.

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Community Awareness										

Thank you for your input!