



March 8, 2005

Dear Leadership Coach 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 our inaugural 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 documents on our website([www.shareleadership.org](http://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
- Two references
- Resume

Please make sure that your application is postmarked by **June 20, 2005** to EnVision Leadership Inc., 145 Hanover Street, Boston, MA 02108.

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

Sincerely,

The EnVision Leadership Team

EnVision Leadership  
145 Hanover Street, Boston, MA 02108  
Tel: 617-266-2502 Fax: 617-266-8185  
agents@envisionleadership.com – [www.shareleadership.org](http://www.shareleadership.org)



**AGENTS OF CHANGE  
LEADERSHIP COACH APPLICATION**

**Coach Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Year: \_\_\_\_\_ Major: \_\_\_\_\_

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: \_\_\_\_\_



**Opportunities**

The following list is a sampling of areas where the Agents of Change program could utilize your energy and talents. Please rate your confidence level, regarding your ability in the following organizational functions by placing a √ in the appropriate box.

(Don't worry if your confidence is low in some areas, skills can be developed!)

Agents of Change Responsibilities	Confidence/Proficiency Level									
	Low			Moderate				High		
	1	2	3	4	5	6	7	8	9	10
Curriculum Development										
Coaching/Facilitation										
Teamwork and Leadership										
Presentations										
Service Learning										
Leading Community Service Projects										
Program Coordination										
Writing and Editing Skills										
Working with a Community										
Working with Students with Special Needs										

What would you find most exciting about being a part of Agents of Change?

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How do you feel your experiences with Agents of Change will continue beyond the program?

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Please describe any prior experience with youth programs or other relevant community involvement:

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What is an activity that you would like to bring to the program (team-building game, field trip, story, teaching topic, etc)?

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Are you able to commit to the times for Agents of Change program? Can you foresee any conflicts?

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## Medical and Consent Form

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

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Please describe any medication you take: \_\_\_\_\_

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Please describe any prescription allergies or dietary restrictions:

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Doctor: \_\_\_\_\_ Doctor's phone number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

If you are uninsured, please check here: \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

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

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_



**Reference #1**

**Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

School Name: \_\_\_\_\_

In conjunction with the Family Rights and Privacy Act of 1974, I, the above named student, do hereby give EnVision Leadership and Agents of Change permission to release this letter of recommendation to any person or place designated by me. This consent is to remain in effect until revoked by me in writing.

I waive \_\_\_\_\_/do not waive \_\_\_\_\_ any right of access I might have, as provided by law, to this letter of recommendation.

\_\_\_\_\_

student's signature

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

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best Contact Times? \_\_\_\_\_

Context they know you: \_\_\_\_\_

1. In what capacity do you know this student? Please describe.

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

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

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

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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**

**Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

School Name: \_\_\_\_\_

In conjunction with the Family Rights and Privacy Act of 1974, I, the above named student, do hereby give EnVision Leadership and Agents of Change permission to release this letter of recommendation to any person or place designated by me. This consent is to remain in effect until revoked by me in writing.

I waive \_\_\_\_\_/do not waive \_\_\_\_\_ any right of access I might have, as provided by law, to this letter of recommendation.

\_\_\_\_\_

student's signature                      date

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

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best Contact Times? \_\_\_\_\_

Context they know you: \_\_\_\_\_

1. In what capacity do you know this student? Please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_



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

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

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Commitment to Service										
Teamwork and Leadership										
Creativity and Innovation										
Self-Awareness										
Commitment, Integrity, and Accountability										
Community Awareness										

Thank you for your input!