

***The Diversity Leadership Team Application***

BIOGRAPHICAL INFORMATION	
Name	
Home Address	
City ST ZIP Code	
School	
Grade	
Home Phone/Cell Phone	
E-Mail Address	
Nickname or Preferred Name	
Birthday	
Dietary Restrictions	

EDUCATION	
Career Interests	
Favorite Subject	
Least Favorite Subject	
Clubs/Community Affiliations/Sports	
Hobbies	
Awards/Recognitions	
College/University Interest (Name the school)	
Majors of Interest	

INTERESTS
What activities do you like to do?
___ Going to concerts
___ Cultural Events
___ Dining
___ Sporting Events/Plays
___ Bowling
___ Going to movies
___ Shopping
___ Museums
Lists activity:

**Application Questions:** (You may use additional paper if needed)

*What kind of leadership experience do you have?*

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*What issues of diversity interest you and Why?*

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*What changes would you enact at your school to make it a more inclusive environment?*

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*Three words that describe diversity?*

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PERSON TO NOTIFY IN CASE OF EMERGENCY	
Name	
Relationship	
Street Address	
City, Street, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

AGREEMENT AND SIGNATURE	
PARENTAL CONSENT	
<p>I have read and understand the information given to my child about The Diversity Leadership Team Program. I hereby give permission for my child _____, to participate in the Diversity Leadership Team. I understand that I will be given the opportunity to attend sessions and events that my child participates in throughout the year.</p>	
Student Name (printed)	
Parent/Guardian Name (printed)	
Student Signature	
Parent/Guardian Signature	
Date	

**Deadline: Tuesday, November 1, 2011**  
 Email: [programs@diversitycenterneo.org](mailto:programs@diversitycenterneo.org)  
 Phone: 216-752-3000  
 Fax: 216-752-4974  
 Mail: The Diversity Center  
 3659 Green Road, Suite 220  
 Cleveland, OH 44122

Thank you for taking the time to complete this application.