



Cornell University
Cooperative Extension
New York City

Manhattan Office

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4-H TEEN LEADERSHIP PROGRAMS

Cornell University Cooperative Extension – New York City provides 4-H is sponsoring two teen leadership opportunities. The 4-H Youth Leadership Academy (YLA), High School 4-H clubs and the New York Life Teen Leadership Series provides teens grades 9-12 with a set of marketable skills that position them to take the lead in life. Youth are engaged in activities that teach leadership principles, establish a sense of personal identity and respect for differences, apply proactive principles to address community issues and prepare for their futures. Youth participation in local, state and national 4-H activities and events connect YLA members to a greater network of 4-H youth as well as create opportunities to showcase talents, skills and youth voice.

The four components of the Youth Leadership Academy are as follows:

STUDENTS

Leadership & Personal Development – students learn the habits of leadership and discover a sense of self & respect for others.

College & Career Preparation – Cornell University students serve as mentors assisting YLA members with college admissions and career planning. Planned excursions to campus help students explore careers and experience college life.

Civic Engagement & Youth Community Action – YLA members become engaged citizens in their communities. Students are involved in projects designed to identify and address issues of public concern & gain service credit.



YOUTH SERVING ORGANIZATIONS

YLA partners with youth service organizations such as schools, agencies and churches to provide;

- Professional development for youth workers via Cornell's Advancing Youth Development trainings (AYD);
- Support and create new after-school programs, and strengthen existing leadership programs.
- Create youth adult partnerships opportunities. Adults and youth get involved in youth community action projects and work together to solve community problems

For additional information or to refer students contact:

cenyc@cornell.edu or 212-340-2910



4-H TEEN PROGRAMS

(PLEASE PRINT CLEARLY)

1. STUDENT INFORMATION

First _____ Last _____

Address _____
(city & state) (zip)

Home Tel. _____ Cell _____

Email _____ School _____

Birth date ___/___/___ Gender M or F Grade _____ Ethnicity _____

List your academic strengths, skills, talents or interests: _____

2. EMERGENCY CONTACT INFORMATION

Guardian 1 _____ Tel./Cell _____

Guardian 2 _____ Tel./Cell _____

Emergency Contact: _____ Tel./Cell _____

CHECK ALL PROGRAMS THAT YOU ARE INTERESTED IN:

4-H High School Club: _____
School Name

New York Life Leadership Series - Monthly teen sessions dedicated to the promotion of leadership & personal development skills. Students learn the habits of leadership and discover a sense of self & respect for others. Topics include 7 Habits of Highly Effective Teens, Diversity, Proposal Writing, Effective Communication, Developing Portfolios, and College Prep etc.

Youth Leadership Academy – Weekly Friday meetings YLA members are involved in civic engagement & youth community action projects designed to identify and address issues of public concern while earning HS service credits *ex. Media Literacy, Police Brutality, Million Trees*. YLA elects officers, assists other 4-H clubs and serves as advisors for CUCE-NYC programs.

Newsletter (Would you like to write for the 4-H Annual newsletter, 4-H Facebook or blog site detailing all of the events & activities of the 4-H Teen Programs)

Trips (Local and statewide trips – details & trip permission forms to follow)

Please read and sign below the acknowledgement, medical, and photo release forms.

MEDICAL DATA: Information is provided in the event of a medical illness or injury. Provide any information that staff, chaperones or others may need to be aware of in regard to the welfare of your child. Please note any specific dietary needs. *I hereby give permission to the chaperone, director, leader, or event person in charge to dispense to my child any prescribed medication that he/she is currently taking. I understand I will be notified in case of any injury or illness. In the event I cannot be reached I hereby give permission for my child (listed) to be medically treated by a physician or medical facility as appropriate.*

This form is in effect from date of enrollment/re-enrollment for Program Year 20__ - 20__ .

Child _____ Parent/Guardian Signature _____

Home Phone _____ Work Phone _____

Insurance Coverage _____ ID _____

Physician _____ Phone _____ Date of Last Tetanus Booster _____

Past & Current Medical History: Illnesses and/or Allergies _____

Ear Infections Rheumatic Fever Hay Fever Insect Stings Other _____

Convulsions Diabetes Ivy Poisonings Penicillin

Current Prescribed Medications

Are there any circumstances, disabilities or conditions we should be aware of? (please use space provided)

PUBLICITY, PHOTO, DISPLAY, AND PRESS RELEASE: I understand and agree that photos or videotape may be taken of my child when participating in any Cornell Cooperative Extension and 4-H sponsored event and/or activity. *I hereby grant permission that photos and videotape may be used for publicity purposes, publications, press releases, displays, and advertising & internet during the Program Year 20__ - 20__ .*

Child _____ Parent/Guardian Signature _____

ACKNOWLEDGEMENT OF RISK: I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in any and all events or activities sponsored by Cornell Cooperative Extension and 4-H, and that use of equipment related to such events or activities may result in injury, illness, damage to property, or death. I also understand other participants, accidents, forces of nature or other incidents may cause these risks and dangers and I hereby accept these risks and dangers. My child is of good health and I understand my child may participate in the 4-H program & activities.

I HAVE READ THE ABOVE AND BY SIGNING BELOW, I AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ANY EVENT OR ACTIVITY IN THE 4-H PROGRAM DURING Program Year 20__ - 20__ .

The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my child's participation in 4-H activities shall be venued in the Supreme Court of the State of New York located in the county of the Extension office.

Parent/Guardian Signature _____ Date _____

Child's Name _____

Student Signature _____ Date _____

Leader/Teacher Signature _____ Date _____

Parent/Guardian Signature _____ Date _____