



CLIMATE EMERGENCY MOBILIZATION TASK FORCE

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

School/Teacher/Parent Information

Current School: _____ Address: _____

Please list a teacher or principal that recommends you.

Full Name: _____ Position: _____

Email: _____ Phone: _____

If you are under 18, please list a parent or guardian and have them sign below.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Signature _____ Date _____

References

Please list two personal or academic references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Volunteer/Extracurricular/Leadership History (not all space must be used)

Organization: _____ Phone: _____

Address: _____ Position: _____

Responsibilities: _____

From: _____ To: _____

Organization: _____ Phone: _____

Address: _____ Position: _____

Responsibilities: _____

From: _____ To: _____

Organization: _____ Phone: _____

Address: _____ Position: _____

Responsibilities: _____

From: _____ To: _____

Organization: _____ Phone: _____

Address: _____ Position: _____

Responsibilities: _____

From: _____ To: _____

Disclaimer and Signature

My signature (electronic signature accepted) below certifies that my answers are true and complete to the best of my knowledge. I understand that if this application leads to appointment, I will be required to file a conflict of interest financial disclosure annually, and I will be required to complete a two-hour ethics training every two years.

Signature: _____ Date: _____