Applicant Information

Last Name: [ ] First Name: [ ] Middle Initial: [ ]
Address: [ ]
City: [ ] State: [ ] Zip Code: [ ]
Home Phone Number: [ ] Cell Phone: [ ]
E-Mail Address: [ ]
Parent/Guardian Name: [ ]
Parent/Guardian Preferred Phone Number: [ ]
How did you hear about the Teen Leadership Council? [ ]

Education

Name of High School: [ ]
Address of High School: [ ]
City: [ ] State: [ ] Zip Code: [ ]
Grade Level: [ ]
Name of Guidance Counselor: [ ]
Are you required to volunteer as part of your school program? [ ] [ ]

Volunteer Experience

Do you have previous volunteer experience within the community? YES [ ] NO [ ]

If yes, please complete the section below:

Name of Organization: [ ]
Description of Volunteer Duties:

Start Date: Click or tap to enter a date.   End Date: Click or tap to enter a date.

Total Number of Hours Served:

Name of Organization:

Description of Volunteer Duties:

Start Date: Click or tap to enter a date.   End Date: Click or tap to enter a date.

Total Number of Hours Served:

Name of Organization:

Description of Volunteer Duties:

Start Date: Click or tap to enter a date.   End Date: Click or tap to enter a date.

Total Number of Hours Served:

Availablity

The Teen Leadership Council will meet for a mandatory orientation session on Tuesday, November 12, 2019 from 5:30 p.m. – 7:00 p.m. at the Community FoodBank of New Jersey (31 Evans Terminal Road, Hillside, NJ 07205). Council members are required to attend the monthly in-person leadership training sessions that will be held on the second Tuesday of each month from November 12, 2019 to June 9, 2020. Training sessions will run from 5:30 p.m. – 7:00 p.m. Students are required to obtain their own transportation to and from council trainings and events. No more than two absences will be permitted.

What, if any, scheduling conflicts do you foresee regarding your commitment to serving as a Teen Leadership Council member?
What type of transportation arrangements have you made to attend the monthly in-person training sessions?

Application Questions

The Community FoodBank of New Jersey’s mission involves providing food, help and hope to those in need. What challenges do you see in your community that relate to this mission? How would you address those needs in your community personally?

Describe the personal leadership skills that would make you a successful Teen Leadership Council member.

Recall an experience where you had to step outside of your comfort zone. How did you overcome your fears or anxiety?
Provide two examples that highlight your level of dependability and ability to work as part of a larger team.

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**Essay Requirement**

Describe your interest in becoming a Teen Leadership Council member. What do you hope to gain from your experience as a Teen Leadership Council member?

Do we have your permission to publish your essay for external use?

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**Signature & Statement of Understanding**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my acceptance as a Teen Council member, I understand that false or misleading information in my application or interview may result in my release.

Signature: __________________ Date: ________________
2019-2020 Teen Leadership Council Application

Submission Guidelines

- Complete application form, including signature and statement of understanding
- Completion of all application questions
- One letter of recommendation from your school
- One personal letter of reference
- Signed parental consent form

Please submit all completed applications to Michelle Jansen, Director of Schools and Community Outreach at:

Community FoodBank of New Jersey
31 Evans Terminal Road
Hillside, New Jersey 07205
Attention: Michelle Jansen
mjansen@cfbnj.org
(908)-355-3663 X279

All applications must be received on or before October 11, 2019.
Dear Parent or Guardian,

In order for your child to apply and participate in the 2019-2020 Teen Leadership Council hosted by the Community FoodBank of New Jersey, we need your full consent and involvement in ensuring that your teenager has a successful experience. Please carefully read and sign this parental consent form to acknowledge that you would like us to consider your teenager as a potential applicant for our Teen Leadership Council. If you have any additional questions, please feel free to contact, Michelle Jansen – Director of School & Community Outreach at (908)-355-3663 X279 or via e-mail at mjansen@cfbnj.org

Name of Applicant: ________________________

Please check your response for each of the items below:

<table>
<thead>
<tr>
<th>I understand that my teenager (named above) would like to be considered for a position as a Teen Leadership Council member. I give my permission for my teenager to serve in this position, if selected by the Community FoodBank of New Jersey.</th>
<th>Yes □ No □</th>
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<tr>
<td>I understand that my teenager must be enrolled in the 9th – 12th grade during the 2019-2020 school year.</td>
<td>Yes □ No □</td>
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<td>I understand that my child will be provided with the orientation and training necessary to carry out the tasks of the Teen Leadership Council. My teenager will be expected to meet the requirements of this position, including scheduled attendance at monthly meetings and adherence to the policies and procedures of volunteering at the Community FoodBank of New Jersey.</td>
<td>Yes □ No □</td>
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<td>I understand that my teenager will be provided with emergency medical care if injured during time with the Teen Leadership Council.</td>
<td>Yes</td>
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<td>If selected, I agree to make attendance at monthly training sessions a priority for my teenager and I am aware of transportation arrangements made by my teenager. I understand that attendance at monthly training sessions is mandatory and that only two absences will be permitted. Attendance at the orientation on Tuesday, November 12, 2019 from 5:30 p.m. – 7:00 p.m. is mandatory.</td>
<td>Yes</td>
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<td>I authorize the Community FoodBank of New Jersey to publish or release pictures/media of my teenager’s participation on the Teen Leadership Council.</td>
<td>Yes</td>
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**Parent/Guardian Name:**

**Signature:**

**Date:** Click or tap to enter a date.
Dear Counselor or Teacher,

A student applying for the Teen Leadership Council at the Community FoodBank of New Jersey must have a letter of recommendation submitted from a school representative no later than Friday, October 11, 2019. Your comments and evaluation are appreciated. Please return the completed recommendation form in a sealed envelope to the student or submit the form directly to:

The Community FoodBank of New Jersey
31 Evans Terminal Road
Hillside, New Jersey 07205
Attn: Michelle Jansen

Fax: (908) 248-0721    E-Mail: mjansen@cfbnj.org

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<th>Superior</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
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<tr>
<td>Attendance</td>
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<td>Respect for Others</td>
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<td>Reliability</td>
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<td>Initiative</td>
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<td>Academic Achievement</td>
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<td>Teamwork</td>
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Comments:

Name: ___________________________    Title: ___________________________
Personal Recommendation Form

Student Information

Student Name:

This letter of recommendation should be completed by an adult such as a teacher, coach, community leader, employment supervisor or mentor. This form should not be completed by a family member or friend.

Thank you for completing this recommendation form. Please note that the personal recommendation form should be submitted to the student in a sealed envelope or sent directly to the Community FoodBank of New Jersey no later than Friday, October 11, 2019.

The Community FoodBank of New Jersey
31 Evans Terminal Road
Hillside, New Jersey 07205
Attn: Michelle Jansen

Fax: (908) 248-0721   E-Mail: mjansen@cfbnj.org

Reference Information

Name of reference:

Employer: Title:

Address:

City: State: Zip Code:

How long have you known the student?
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<th>Reference Questions</th>
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<td><strong>What are the applicant’s biggest strengths?</strong></td>
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<td><strong>What are the applicant’s areas for growth?</strong></td>
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<td><strong>How would you describe the applicant’s ability to work as a team member?</strong></td>
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<td><strong>What types of contributions do you think the applicant can make to the Teen Leadership Council?</strong></td>
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<td><strong>How would you describe the applicant’s enthusiasm for serving others within the community?</strong></td>
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