

# Youth Wilderness Leadership Program (YWLP) Application Form

October 16th-18th, 2009  
Yellowstone Country Guardians and Hopa Mountain

## Participant information (to be completed by the youth participant):

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

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

City, State, Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender (circle one): M / F

Grade you will be entering in the fall: \_\_\_\_\_

Parent(s)/Guardian(s) name: \_\_\_\_\_

Briefly answer: (continue on back if you need more space)

1. Why would you like to participate in this Youth Wilderness Leadership Program?

2. What are your hobbies and interests?

3. What do you think are the qualities of a leader?

4. What do you want to learn about the Yellowstone ecosystem and how you can nurture its future?

## All applicants must read the following statements and sign below:

"I understand that if I am selected for the program, I agree to fully participate in all program activities during the weekend long program and monthly programs during the school year, unless sufficient reasons warrant otherwise."

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return application to Michael Leach, [mleach@yellowstonecountryguardians.org](mailto:mleach@yellowstonecountryguardians.org) or  
P.O. Box 171, Gardiner, MT 59030