



YELLOWSTONE
COUNTRY GUARDIANS

Yellowstone Leadership Challenge Application Form
October 21th-23rd 2011
Yellowstone Country Guardians

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 Yellowstone Leadership Challenge?**
- 2. What do you love about Yellowstone Country?**
- 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?**
- 5. Please rate your interest in learning about the Yellowstone environment (1 being lowest and 10 highest)**
- 6. Please indicate the number of days you visit Yellowstone National Park each year? Also indicate your present commitment to the Yellowstone environment? (same scale as above)**

7. **What does it mean to you to be a Yellowstone Guardian?**

8. **How many days a year do you hike in Yellowstone Country?**

9. **Essay: In one paragraph please describe your first experience with the Yellowstone landscape?**

10. **In a few short sentences please answer how do you inspire others?**

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 the two follow up meetings in November, unless sufficient reasons warrant otherwise.”

Youth Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Please return application to Michael Leach, mleach@yellowstonecountryguardians.org or P.O. Box 171, Gardiner, MT 59030