



STEP UP OF ST. LOUIS TEEN LEADERS PROGRAM

Step Up of St. Louis Teen Leadership Program will meet once a month in the St. Louis South County area, in which teens will receive volunteer hours and other incentives for attendance. We want to create a fun environment while teens are with their peers while learning leadership skills and team building. Our goal is to develop young leaders by tapping into their interests to build confidence. We accept a limited number of applicants for the 2021-2022 year. Thirty middle school and thirty high school applicants will be accepted. Applications should be completed and submitted by May 22, 2021. Check out our site for more information: stepupstl.org

Note: *** the adults below will guide all group functions***

Ashley Wells (Primary Contact)
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Masters Level Practicum Student
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Applicant Information

STUDENT NAME: _____ **AGE:** _____
Last First M.I.

DATE OF BIRTH: _____ **GRADE:** _____ **SCHOOL:** _____

GUARDIAN NAME: _____
Last First M.I.

ADDRESS: _____
Street Address Apartment/Unit #

City State ZIP Code

GUARDIAN PHONE: _____ **Email:** _____

STUDENT PHONE: _____ **Email:** _____

*** (Parents and youth will receive information/reminders regarding youth group activities and events only. Please provide both parent and youth contact information.)*

DOES STUDENT HAVE A MEDICAL
CONDITION OR ALLERGIES WE
SHOULD BE AWARE OF? YES NO If yes, what? _____

DOES STUDENT DRIVE OR HAVE ACCESS TO TRANSPORTATION? *If no, we have limited resources to support transportation assistance.*

YES NO

Tell us why you want to be part of the Step Up of St. Louis Teen Leadership Program?

Student References

List three character references, and please have them send a letter of recommendation to ashley@stepupstl.org.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

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

STUDENT PRINT: _____ Date: _____

STUDENT SIGNATURE: _____

I give my student permission to participate in the St. Louis Step Up Teen Leadership Program if accepted. Parent or guardian meeting will take place via zoom prior to the first teen meeting.

GUARDIAN PRINT: _____ Date: _____

GUARDIAN SIGNATURE: _____