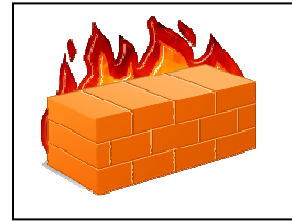




301 Washington Street,
Oconto, WI 54153-1699
(920) 834-6852
FAX (920) 834-6853
TDD No Voice Service (920) 834-7045

Cooperative Extension
University of Wisconsin-Extension
Oconto County



Oconto County Youth Center Without Walls Planning Team Application

What is the Youth Center Without Walls:

Youth Center Without Walls is a youth driven program, designed to provide events at little or no cost to the participants. The purpose is to create a safe, fun environment to get teens off the couch, out of the house, and together with friends. The Youth Center Without Walls was created by a youth planning team made up of teens from throughout Oconto County who wanted to help organize activities for middle school aged youth.

Their objectives are to:

- Give youth something to do off the street, off the couch, out of the house, with friends.
- Provide safe supervised activities.
- Provide a fun safe environment where youth can socialize with their peers.
- Pull the county together across school district lines.

Ultimately, to create a safer community.

Oconto County Youth Center Without Walls Planning Team Application

Name _____ Date of birth _____

School _____ Graduation Year _____

Phone _____ E-mail _____

Home Address _____
Street Address City State Zip

- ◆ **Briefly describe why you would like to be a member of the Youth Center Without Walls Planning Team.**

- ◆ **What skills do you have that would make you an effective Planning Team member?**

- ◆ **Describe what a role model is. How are you a role model in your school and community?**

List the days and times of any extra curricular activities or clubs, you are involved in, including work.

Applicant:

If I am selected to be a Youth Center Without Walls Planning Team member, I agree to attend Planning Team Meetings held monthly. I agree to follow through with my responsibilities as a member of this group and to report back to the rest of the group during our meetings. I agree to allow the use of my photo in promotional brochures or other forms of media as the coordinator sees fit, such as local newspapers, web-sites, newsletters etc...

► Applicant Signature _____ Date _____

Parent/Guardian:

I have read the above statements and agree to allow my son/daughter to participate in all aspects of Oconto County Youth Center Without Walls. I give permission for my son/daughter to be transported to and from YCWW functions by school personnel or employees of UW-Extension or Oconto County.

► Parent Signature _____ Date _____

Return to Youth Futures Coordinator by May 30th

**Please return to: Neil Klemme
UW-Extension Office
301 Washington St. – Courthouse
Oconto WI 54153-1699**

The University of Wisconsin Extension asks that you voluntarily respond to the questions below. The cumulative demographic information will be used to enhance our programming efforts. Gender: Male Female
Ethnicity: Hispanic Not Hispanic Race: White Black Asian or Pacific Islander American Indian or Alaskan Native Age: Under 18 18-35 35-49 50-64 65+

Do you require a special accommodation to participate in any of the described activities? If yes, please describe the accommodation that is needed: _____