

## **TEEN LEADER – INTEREST FORM My Future-My Choice Crook County**

Today's date:			
Name			
LAST	FIRS	T	MIDDLE
School		Gr	rade (current): 9 10 11
Home Phone #	Cell #	<u> </u>	
E-Mail address			
Date of birth	Age	_ Gender: F	M
Name of person who referred you			
Name of school counselor			
Check all that apply:			
☐ I have questions or would like n	nore informatio	n.	
☐ I would like to fill out an applic	ation next school	ol year.	
☐ I have friends who I think would	d be great leade	rs!	
☐ Other:			

This form is not an application. We will use this information to follow up with you.

Revision Date: May 2015

File Name: TEEN LEADER INTEREST FORM