

**HangAh-Hillside Leadership Club for Girls – Counselor Application**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Tel: \_\_\_\_\_ Email address: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Interests: \_\_\_\_\_

Goals in Life:  
\_\_\_\_\_  
\_\_\_\_\_

Goals in School:  
\_\_\_\_\_  
\_\_\_\_\_

Name and Age of Brothers and Sisters:  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email address: \_\_\_\_\_

**Parental Permission & Medical Release Form:**

I, (print) \_\_\_\_\_, parent of \_\_\_\_\_ &  
\_\_\_\_\_ hereby give permission for my daughter(s) to receive  
emergency medical care should it be necessary during her/their stay at HangAh-  
Hillside Cultural Center.

\_\_\_\_\_  
Parent/Guardian Signature:                      Emergency Tel. Number                      Date

**Please write an essay at the back of this page or on another piece of paper stating 1) why do you think that you are qualified to be a counselor for the HangAh Hillside Leadership Club for Girls? 2) What can you offer to the club and 3) what are you expecting us to teach you?**