



Tourette Syndrome Youth Ambassador Leadership Training Application Form

March 10-13, 2009

Thank you for your interest in becoming a Youth Ambassador for the Tourette Syndrome Association. Please complete the application in full and sign. Don't forget to also have your parent/guardian sign as well.

To be considered for this training program, applications must be submitted to your local Chapter by January 21, 2009. Selected candidates will be notified by January 30, 2009.

Name: _____ Age _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail _____

Date of Birth _____

Do you have a diagnosis of TS? _____ If yes, at what age were you diagnosed? _____

If not, do you know someone with the diagnosis of TS? _____

What is your relationship to that person? _____

Parents' Email _____ Parents' cell phone _____

Parents'/Guardians' Names _____

Siblings' Names and ages _____

Hobbies/Pastimes/sports _____

T-Shirt Size (please specify Adult or Child) _____

Have you been involved in any TSA activities or events? If so, please list the event, what your involvement was and how much time you have spent on the event/activity

Have you ever organized an activity? If yes, please explain

Do you have any experience with public speaking? If yes, please explain

If not, would you feel comfortable presenting as a TRAINED TSA Youth Ambassador?

(Youth Applicant Signature)

(date)

Please enclose a photo that TSA may use for print materials

TSA gratefully thanks Diane and Darryl Mallah for their generosity in funding this innovative program in memory of Diane's mother Eleanor Wachter. TSA also thanks Burger King® for its contribution to the program.

For Parents

I have read the Responsibilities of the Youth Ambassador and am aware that my child _____ is applying to be considered.

I understand and agree to the responsibilities and I will be the adult member on this Teen/Adult team Yes _____ No _____

If no, I am aware that (Name) _____ will be the adult member working with my child.

If my child and I/adult guardian are accepted as the *second* team for our Chapter, I understand that we will be responsible for all costs of the conference, including travel, hotel, food & beverage, and other program costs and materials. Yes _____ No _____

Signature of adult member of teen if not parent/guardian _____

I give permission for my child's picture and name to be used by the Tourette Syndrome Association as a Youth Ambassador in any and all publications.

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date _____

I give permission with the following restrictions: _____

Please make certain that Applicant completes page 4!

For Chapter Use Only

Application Received _____
(date)

Application Reviewed by _____

Application Approved: _____

(Chapter Chair)

(date)

My Story

Name_____ Age_____ Date_____

Tell us your story and why you think you would be a responsible TSA Youth Ambassador. You might want to mention the following points:

- Tell about your family
- Do you or someone you know have a diagnosis of TS?
- What experiences have you had with reactions to TS?
- Why you think you would be an effective Youth Ambassador
- Your plans for when you are older
- How you see yourself as a public speaker
- The school age-range that you are most comfortable speaking to

[illegible]

You may attach additional pages if necessary!