

CAPITAL DISTRICT KIWANIS INTERNATIONAL

TEENAGER OF THE YEAR - 2011

Form 1. STATEMENT OF NOMINEE

Name _____

Area code and telephone _____ e-mail _____

Mailing address _____

City, state, zip _____

Birth date _____ School grade level _____

Parents/guardians names _____

Sisters/brothers and ages _____

Name of school and city _____

School activities/clubs, listing offices held/year _____

School honors/awards or special achievements _____

Other activities such as, scouting, church, youth group, offices held/year _____

Volunteer service activities, listing organization/year_____

What motivates you to volunteer your time and abilities?_____

How has volunteering for service in your school or charity work affected you?

What are your future aspirations (college/career)?_____

Who is your role model, and why?_____

What/who has had the most influence on your life and why?

Special interests, hobbies_____

Please describe any obstacles you may have had to overcome in your quest to develop as a responsible individual_____

If you were "ruler of the world" for one day, what one thing would you do to improve it?

DATE_____

SIGNATURE _____

To be filled in by Kiwanis Contact

*Sponsoring Kiwanis Club*_____ *Division*_____

*Contact*_____ *Area Code/Telephone*_____

Form 2. PERMISSION TO USE NAME AND PHOTOGRAPH

I give permission to the Capital District of Kiwanis International to use my name, photograph and information in press releases, newsletters or other publicity.

SIGNATURE _____
(If under 18 years of age, must also include signature
of parent/guardian)

PARENT
SIGNATURE _____

Area code and telephone _____

Date _____

Form 3. RECOMMENDATION OF SCHOOL PRINCIPAL OR TEACHER

Name of Nominee _____

School _____

Name of Person making recommendation _____

Title/Position _____ Area code/telephone _____

How long have you known this student? _____

Accumulated grade point average _____ Standing in class: _____ of _____

Achievements: academic _____

sports _____ clubs _____

Other honors/awards, all years _____

What leadership role(s) has this student assumed, and what effect has this had on him/her, their peers, or success of the class/activity?

What special talents or abilities does this nominee possess and how is he/she using or developing them?

Please describe this nominee's relationships with: (i.e., respectful, is a leader)

peers _____

authority _____

family unit _____

Comments relative to student's personality and character, and/or any obstacles this student had to overcome that would merit recognition as Teenager of the Year.

DATE _____

SIGNATURE _____

PLEASE RETURN DIRECTLY TO KIWANIS CONTACT:

**Form 4. RECOMMENDATION OF ADULT COMMUNITY LEADER,
CLERGY OR NEIGHBOR**

Name of Nominee _____

Name of person making recommendation _____

Title/Position _____ Area code/telephone _____

How long have you known the nominee? _____

Is there any characteristic, or situation, that sets this nominee apart from other teenagers, what? _____

What leadership roles or areas of responsibility has this person assumed and how has it affected him/her, his/her peers, or the community?

What special talents, skills or abilities does this nominee possess and how are they using or developing them?

Please describe this nominee's relationship with: (i.e., respectful, is a leader)

you _____

peers _____

authority _____

family unit _____

Comments relative to nominee's personality and character, or obstacles they may have had to overcome, that would merit recognition as Teenager of the Year

DATE _____ **SIGNATURE** _____

PLEASE RETURN DIRECTLY TO KIWANIS CONTACT:

Form 5. RECOMMENDATION OF COMMUNITY ORGANIZATION, OR EMPLOYER

Name of Nominee _____

Name of person making this recommendation _____

Title/Position _____ Area code/telephone _____

How long have you known, or worked with this nominee? _____

Is there any characteristic, or situation, that sets this nominee apart from other teenagers, what? _____

Please describe the volunteer service or working relationship with the nominee, i.e., employed as, does volunteer paper work, candy stripper.

Please describe the nominee's dependability, assuming responsibility and maturity on the job/service.

Please describe this nominee's relationships with: (i.e., respectful, is a leader) peers/co-workers _____

authority _____

customers/public _____

Comments relative to nominee's personality and/or character, or overcoming any obstacles that would merit recognition as Teenager of the Year.

Form 6. SUBMISSION OF NOMINATION BY LT. GOVERNOR

Lt. Governor Name _____ Division _____

Address _____

Area Code/Telephone _____ e-mail _____

Division Teenager of the Year Chair _____

Name of Teenager of the Year Nominee _____

How many nominations were submitted by clubs in your division? _____

What attributes(s) set this nominee apart from the rest of the nominees you considered?

What did you do to recognize your Division Teenager of the Year? _____

Please enclose copy of any publicity/media releases regarding this nominee's selection as Club and/or Division Teenager of the Year.

Has this student been advised that his/her nomination is being considered for District Teenager of the Year competition? Yes No

DATE _____

SIGNATURE _____

Checklist

1. Statement of nominee
2. Permission form to use name and photograph
3. Recommendation of teacher or principal
4. Recommendation of adult neighbor, clergy or community leader
5. Recommendation of community/charity organization, or employer
6. Statement of Lt. Governor, with copies of publicity if any
7. Photograph of nominee

NOMINATIONS MUST BE POSTMARKED BY JUNE 1, 2011.