



# Tourette Syndrome Youth Ambassador Leadership Training Application Form

April 2-3, 2008

Hilton Alexandria Mark Center ~ Alexandria, VA

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 31, 2008. Selected candidates will be notified by February 28, 2008.

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

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

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

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

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(Youth Applicant Signature)

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(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.**

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.

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!

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For Chapter Use Only

Application Received \_\_\_\_\_  
(date)

Application Reviewed by \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Approved: \_\_\_\_\_  
(Chapter Chair)

\_\_\_\_\_  
(date)

